

CONTRACTOR OPERATIONS MANUAL
for
PREADMISSION SCREENING
and
RESIDENT REVIEW/MENTAL ILLNESS (PASARR)
LEVEL II EVALUATIONS

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SECTION I

INTRODUCTION

LEGAL BACKGROUND

PURPOSE

CONTRACTOR OPERATIONS MANUAL

PREADMISSION SCREENING AND RESIDENT REVIEW/ MENTAL ILLNESS LEVEL II EVALUATION

SECTION I

GENERAL OVERVIEW

A. INTRODUCTION

This manual is designed to assist the Contractor in providing basic descriptive and procedural information in performing, documenting and completing the terms of its contract with the Department of Mental Health (DMH) for Preadmission Screening and Resident Review/ Mental Illness Level II (Level II) evaluations. It is intended for use by the:

- Contractor
- Evaluators contracted to perform the Level II evaluation

B. LEGAL BACKGROUND

Federal Public Law 100-203, the Omnibus Budget Reconciliation Act (OBRA) of 1987 (Nursing Home Reform Act), effective January 1989, revised statutory provisions governing certification standards and enforcement procedures applicable to nursing homes. These provisions require Preadmission Screening and Resident Review (PASARR) for all individuals initially entering nursing facilities (NFs) to determine if the resident is mentally ill. In the area of mental health the specific concerns regarding the mentally ill were; inappropriate placement in NFs, occupancy of beds needed by the frail elderly, and failure to receive needed psychiatric treatment.

In October 1996, Public Law 104-315 repealed the Annual Resident Review portion of the PASARR requirement. In its place the statute requires states to perform a **RESIDENT REVIEW (RR)** for a significant change in a resident's physical or mental condition. For consistency in identification, California has opted to continue the use of the acronym PASARR to represent the change: **PREADMISSION SCREENING AND RESIDENT REVIEW (PASARR)**.

California's Welfare and Institutions Code Section 9390.5, since July 1986, requires Preadmission Screening (PAS) for every Medi-Cal recipient initially applying for admission to a NF to determine if the recipient's condition required institutionalization in a NF or if he/she could remain in the community with support services.

In California, the Department of Health Services (DHS) is the State Medicaid agency responsible for the implementation of the PASARR process. DMH, the State mental health authority, is responsible for the Level II process. The statute requires that the Level II evaluation be performed by a qualified, independent, third party entity.

C. PURPOSE

The purpose of the Level II evaluation is to assess and gather data on residents in NFs who are suspected or diagnosed as seriously mentally ill. The psychiatric and medical examination becomes the basis upon which the DMH will make psychiatric treatment and level of care decisions. The goal of this evaluation is to assure appropriate placement of individuals identified as seriously mentally ill.

The PASARR evaluation process consists of two parts, Level I and II.

1. Level I: The Level I evaluation is the initial, preadmission screen conducted by DHS or its designees for all public funded residents admitted to NFs. This assessment is conducted as a part of the Treatment Authorization Request (TAR).

Residents identified as suspected of or diagnosed as seriously mentally ill are referred to DMH for the Level II evaluation.

2. Level II: The Level II evaluation consists of an in-depth medical and psychiatric evaluation of the resident.

The objectives of the Level II evaluation are:

- a. Determine the resident's need for NF level of care (Appendix I).
- b. Determine the presence of a serious mental illness (Appendix II).
- c. Determine the resident's need for specialized services (SS) and less than specialized mental health services (Appendix III).

SECTION II

GENERAL INSTRUCTIONS

SECTION II

GENERAL INSTRUCTIONS

To facilitate the successful performance and completion of the Level II evaluation, the following information is provided for your reference and to highlight the critical components that are required.

1. **LEVEL II REFERRAL AND DMH ID:** Within three days following the receipt of a Level I referral, the referral will be reviewed and transmitted to the Contractor for performance of a Level II evaluation.

Each referral is provided a unique DMH ID identifier which provides anonymity and identifies a specific resident and episode. This number is the basis upon which reimbursement is made. It is critical that the DMH ID is accurate and is recorded in the space provided at the top of each Level II evaluation page.

2. **SCHEDULE APPOINTMENTS:** Following receipt of the Level II referral, the Contractor must contact the facility to:
 - a. verify the examinee is a current resident in the NF, and
 - b. ascertain if the resident has any special communication needs, and is physically and mentally capable of participating in the evaluation.
3. **EVALUATOR VERIFICATION OF RESIDENT STATUS:** The evaluator will schedule the Level II and within 24 hours, prior to visiting the NF, the evaluator shall:
 - a. verify the resident is available for the evaluation, and
 - b. verify resident is physically and mentally capable of participating in the Level II.

The evaluation shall be arranged to be conducted during reasonable hours and days of the week to ensure minimal disruption to the resident and facility.

4. **ACCESS TO RESIDENT AND RESIDENT'S CHART:** The evaluator will require access to the resident and to the resident's medical records to complete the Level II evaluation. This includes information contained on the Resident Assessment (RA) and Minimum Data Set (MDS). If the information obtained from the resident and/or medical record is incomplete, then the evaluator must solicit the necessary information from facility staff, family members, and/or conservator.
5. **PASARR/MI LEVEL II EVALUATION DOCUMENT, MH 1733 (7/98)** (Appendix IV): The four-page protocol is used to record information obtained from a comprehensive review and evaluation of the resident's past and current psychiatric, psychosocial and medical status.

The four-page protocol has been packaged in a loose-leaf, tablet format to facilitate ease in faxing or photocopying the document. It is crucial that the resident's DMH ID number is recorded in the space indicated at the top of each page.

6. **LEVEL II CATEGORIES:** The Contractor shall complete all elements of the Level II document as specified by DMH.
 - a. **COMPLETE:** A Level II evaluation which includes all elements of the MH 1733 document.
 - b. **SUSPEND:** A Level II evaluation which is interrupted and/or cannot be performed for reasons beyond the control of the evaluator.
 - c. **ATTEMPT:** A Level II evaluation which is referred by DMH but cannot be scheduled for reasons beyond the control of the contractor.
7. **LEVEL II TIMELINES:** The Contractor shall complete the Level II evaluation and electronically transmit all required data to DMH within the timeframes specified below.
 - a. **PREADMISSION SCREENS** (PASs) Level II evaluations (COMPLETE, SUSPEND and ATTEMPT) shall be performed and transmitted within **seven (7) calendar days (excluding holidays)** from the date of receipt of the Level II referrals.
 - b. **RESIDENT REVIEWS** (RRs) change of status Level II evaluations (COMPLETE, SUSPEND, and ATTEMPT) shall be performed and transmitted within **ten (10) calendar days (excluding holidays)** from the date of receipt of the Level II referral.
 - c. **EMERGENCY REFERRALS:** (ERs) Level II evaluations (COMPLETE, SUSPEND, and ATTEMPT) shall be performed, reviewed, certified and **faxed to DMH with data within 24 hours of receipt of the referral by the contractor. ERs shall be entered, verified and electronically transmitted with the Level II data within three (3) calendar days (excluding holidays)** from the date of the receipt of the Level II referral.
 - d. **SPECIALIZED SERVICES** PAS, RR, and ER Level II evaluations for whom the Contractor has recommended Specialized Services, shall be reviewed, certified and **faxed to DMH with the data within 24 hours of the completion of the Level II evaluation. Specialized Services shall be entered, verified and electronically transmitted with the Level II data within three (3) calendar days (excluding holidays)** from the date of the completion of the Level II evaluation.

8. **RECORDING INFORMATION/FINDINGS:** Use a **dark ink pen**. Each and every item must be completed and is allotted a specific number of spaces to be filled in or checked. **LEAVE NO ITEMS UNANSWERED.**

Record the information and findings in sufficient detail to permit DMH clinicians to make treatment and level of care decisions. Use the comment section, Item 71, to record additional, pertinent information not included in the other sections of the form, and to explain differential diagnoses and/or inconsistencies in the clinical data.

A few sections request information or comments of an open-ended nature. The information must be **legible and accurate**. If an error is made, draw a line through the item and enter the correct information and initial the change. **DO NOT white out mistakes.** Evaluator writing must be legible for accurate key data entry.

Modify and supplement suggested interview questions in the mental status examination to probe for details whenever necessary. In asking questions, be aware and sensitive to the cultural differences of ethnic groups. In most interviews, it will not be necessary to ask all of the questions suggested in this manual for a given item.

When completed, the Level II evaluation should provide a current, consistent and comprehensive picture of the resident's medical and psychosocial symptoms and level of function from which valid and reliable diagnoses and treatment recommendations can be made.

9. **COMPLETED LEVEL II EVALUATIONS:** For purposes of this contract, a completed Level II evaluation is one in which the resident was able to participate in the assessment process to the extent that the evaluator(s) could accurately complete all required items of the MH 1733.

In these cases, the Level II evaluation is considered complete and reimbursable, when:

- a. The Level II evaluation has been reviewed and signed off by qualified personnel as complete, accurate, current, and clinically consistent.
- b. The data from the MH 1733 is key entered and verified independently by two key data entry personnel, and electronically transmitted to DMH.
- c. The Level II evaluation is reviewed by DMH and found to be complete, accurate, clinically consistent and meets all applicable standards. More specifically:
 - 1) The diagnosis(es) shall be consistent with the resident's history and current symptomatology.
 - 2) The level of care shall be compatible with the resident's medical/nursing needs, psychiatric needs, behavior and level of function.

- 3) The treatment recommendations shall be consistent with the diagnosis, clinical symptoms and cognitive abilities.
- 4) The evaluator's comments shall explain any clinical inconsistencies or unusual circumstances which require special consideration.

Should DMH determine that a Level II evaluation does not meet any of the criteria noted above, 9. a through c, DMH will contact and inform the Contractor of the contradictory or missing data, and the Contractor will have three working days to correct or provide the required information.

Reimbursement will be withheld until all requested data are provided and the information is accurate, current and clinically consistent as described above.

10. **DOCUMENTATION OF COMPLETION:** Reimbursement for a completed Level II evaluation requires the evaluator to document the completion of a Level II evaluation on the PAS/PASARR Evaluation Document, DHS 6170, under X (Appendix V). This form should be contained in the resident's chart.

If the DHS 6170 is NOT in the chart, complete and sign the DMH form, PASARR/MI Level II Evaluation - Documentation of Completion, (Appendix VI) and affix in the resident's chart.

SECTION III

PASARR/MI LEVEL II EVALUATION

COMPLETION OF THE MH 1733 PROTOCOL

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PASARR/MI LEVEL II EVALUATION

COMPLETION OF THE MH 1733 PROTOCOL

To assist in the completion of the Level II protocol, each item will be referenced as it appears on the PASARR/MI Level II Evaluation Document, MH 1733.

REASON ASSESSMENT WAS NOT COMPLETED

Check the appropriate box to indicate the reason the assessment was not performed or was suspended. Use the space provided to enter the reason category for the attempt or suspend (see categories below).

1. **ATTEMPT:** An attempted Level II evaluation occurs when the NF is contacted and it is determined that the resident's evaluation cannot be scheduled because of one or more of the circumstances listed below.

- A. For the following categories, the Contractor shall complete items 1, 2, 4, 5, 6, 9, 13, 14 and 71 as applicable.

<u>Reason Category</u>	<u>Data Entry Code</u>
Absent without leave (AWOL) from the facility	A
Private pay status	B
Discharged	D
Expired	E
Hospitalized	H
Never admitted to the assigned facility	J
On pass from the facility	S
Physical condition precludes the evaluation	P
Primary diagnosis of documented Dementia	G
Duplicate referral to contractor	M

- B. All Attempted Level II evaluations shall be key entered and verified by two independent key data operators and electronically transmitted to DMH.
- C. An Attempted Level II evaluation is considered complete and reimbursable when all required elements have been performed.

2. **SUSPEND:** Suspend occurs when a Level II evaluation cannot be performed or completed after the Contractor has followed all preparatory contact with the facility to verify residence, the evaluator has scheduled an appointment, has called within 24 hours of the appointment to verify the resident's status, has NF staff communicate the scheduled appointment to the appropriate shift and has traveled to the facility to keep a scheduled appointment.

- A. The following Suspend categories shall be documented by completing Items 1 through 14, 71, 75a, 75b, 76 and 78. Use Item 71 to indicate date of discharge or expiration.

<u>Reason Category</u>	<u>Data Entry Code</u>
Private pay status	B
Discharged	D
Expired	E

- B. The following Suspend category shall be utilized when the evaluator has traveled to the facility to evaluate the resident, only to find that the resident is obviously demented and is unable to participate in the evaluation now or is unlikely to do so in the near future (next three months).

This category shall be documented by completing items 1 - 39, 71, 75a, 75b, 76 and 78 of the MH 1733 form. Item 71 is to be used to elaborate any important aspects of the resident's condition related to the Dementia.

<u>Reason Category</u>	<u>Data Entry Code</u>
Primary diagnosis of Dementia	G

- C. The following Suspend categories will require a follow-up evaluation when the reason for the resident's unavailability is resolved and has been assigned a new DMH ID. The categories shall be documented by completing items 1 through 14, 71, 75a, 75b, 76 and 78 of the MH 1733. Use Item 71 to explain the circumstances why the resident was unable to keep the appointment previously made by the Contractor.

<u>Reason Category</u>	<u>Data Entry Code</u>
Absent without leave (AWOL) from the facility	A
Hospitalized	H
On a pass and not available	S

- D. The following Suspend category will require a follow-up evaluation when the reason the evaluator was denied entry to the facility is resolved and a new DMH ID is assigned. The categories shall be documented by completing Items 1, 2, 4, 5, 6, 9, 13, 14, 71, 75a, 75b, 76, and 78 of the MH 1733. Use item 71 to explain the circumstances why the evaluator was denied entry to the facility.

Reason Category

Data Entry Code

Evaluator denied entry to facility

C

- E. The following Suspend categories will require a follow-up evaluation when the reason for the resident's unavailability is resolved and has been assigned a new DMH ID. The categories shall be documented by completing items 1 through 22, 71, 75a, 75b, 76 and 78.

If the reason code is for a treatable Dementia, also complete Items 23 - 39. Use Item 71 to explain why the resident is mute, how the resident was uncooperative, what about the resident's condition precluded completing the assessment or other pertinent information not described in the required items.

Category

Data Entry Code

The resident has a treatable Dementia.

F

The resident is mute.

K

The resident is uncooperative or refuses the assessment.

N

The resident's physical condition precludes the assessment.

P

The resident is delirious.

Q

All cases of Suspended Level II evaluations shall be:

- reviewed and signed off by a Board/Certified (B/C) or Board/Eligible (B/E) psychiatrist.
- key entered and verified independently by two separate key data entry personnel, and electronically transmitted to DMH within specified timeframes.

All Suspended Level II evaluations shall be considered complete and reimbursable when, upon review by DMH, all required items are present, the clinical data support the reason for which the Level II was suspended and the information requested in Item 71 is provided.

IDENTIFICATION

Record biographical and identification data.

01. DMH ID Number

Record the DMH ID number in the space provided on each page. The DMH number is a unique reference that provides anonymity, identifies a specific episode and is transmitted with each referral.

02. Medi-Cal ID Number

Record the assigned 14-digit Medi-Cal ID number or 10-digit Benefit Identification Card (BIC) number in the space provided. Usually you will find this number on the "Medi-Cal Eligibility Form" or on the Level I form. Any change to these numbers should be indicated and entered in the space provided.

03. Social Security Number

Enter the 9-digit Social Security number.

04. Resident's Name

Enter; Last, First, and Middle Initial. Any changes to the resident's name should be entered in the space provided.

05. Date of Birth

Enter date of birth.

Example: May 27, 1940

MM 05 DD 27 YYYY 1940

06. Sex

Check appropriate box for sex.

07. Languages Utilized for the Evaluation:

- a. Resident's Language: Indicate the language used to complete the evaluation.
- b. & c. Interpreter's Name and Relationship: Record verifiable name of interpreter and relationship to the resident.

08. Facility Name

Fill in the name of the facility as it appears on the license even if it goes beyond the space provided. Be sure to include the city designation.

Example: Crestwood Hospital - Stockton

09. Facility Number

Enter the nine-digit facility number as indicated on the Level I referral form in the space provided.

10. Date of Current NF Admission

Enter date of admission to current facility.

11. Months in Current NF

Enter the total number of months in the current NF.

12. Legal Class

Enter the legal class code from the following list. Some residents in the NF are admitted to the facility by court order and, therefore, their discharge or release to the community is based on judicial disposition. It is important that the evaluator reports the accurate judicial classification of residents with penal code (PC) status.

- 05 Temporary Conservatorship
- 09 Conservatorship
- 11 Voluntary
- 14 72-Hour Detention (5150)
- 16 14-Day Certification (5250)
- 22 Not Guilty by Reason of Insanity (NGI) (PC 1026)
- 24 Incompetent to Stand Trial (IST) (PC 1201)

13. Date of Level I Evaluation

Enter the completion date of the Level I evaluation as indicated on the DHS 6170 form.

14. Date of Level II Evaluation

Enter the date when the Level II evaluation was performed.

DSM-IV MULTIAXIAL CLASSIFICATION

The DSM-IV classification is used to identify and record the resident's psychiatric and medical conditions, relevant psychosocial and environmental factors, and current and highest past year Global Assessment of Functioning.

15. **Axis I. Clinical Disorders:** Enter the DSM-IV code numbers representing the resident's current psychiatric diagnosis(es) except for Personality Disorders and Mental Retardation (which are reported on Axis II). Refer to Appendix X.

The diagnosis(es) you enter here should be based on your clinical impressions of the resident at the time of your evaluation.

Your diagnosis(es) may or may not be the same as that which is found in the resident's chart. This may or may not be the same reason for the current admission to the facility. If there is more than one Axis I disorder present, the one that is causing the resident's major psychiatric problem at the time of the evaluation should be the primary (principal) diagnosis. The primary diagnosis should be listed first. The primary or secondary psychiatric diagnoses could be functional or organic in nature. If either of the diagnoses is organic in nature, the general medical condition that is causing the problem should be listed on Axis III. Be sure that the diagnosis is consistent with the current clinical symptomatology.

In cases where the code number refers to more than one condition, write out the specific diagnostic condition applicable in #15, Axis I. Example: 292.89, choose which of the 30 conditions listed in DSM IV is applicable. If the primary diagnosis is Dementia or organic in nature, appropriate disturbance should be reflected in the current cognitive status section of the mental status examination.

The following are the clinical disorders and other conditions that may be the focus of clinical attention that are reported under Axis I:

- Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition
- Substance-Related Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Sexual and Gender Identity Disorders
- Eating Disorders
- Sleep Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Other Conditions That May Be a Focus of Clinical Attention

R/O (rule out) diagnoses are not permitted.

Leave NO blanks. If there is no Axis I diagnosis, the evaluator should enter V71.09; the DSM-IV code for "no diagnosis" in the space provided.

Note regarding Dementia: The federal regulation requires that a Level II evaluation should NOT be performed if the primary diagnosis is Dementia (including Alzheimer's disease or related disorder). However, the DMH does make an exception in generating a referral if the primary diagnosis is a major mental disorder.

When in doubt as to whether Dementia is primary or secondary, a Level II evaluation should be completed. All diagnosis of Dementia should be reflected in the current cognitive status portion of the Mental Status Examination section of the Level II evaluation.

Refer to the Serious Mental Illness Criteria (Appendix II) to accurately differentiate Dementia from Pseudodementia. At any point prior to the completion of the evaluation, the evaluator is convinced that the primary diagnosis is Dementia or related condition (e.g., organic brain syndrome), the evaluator should stop the assessment and check the "SUSPEND" box on the Level II form.

Axis II. Personality Disorder/MR: If the primary or secondary diagnosis is a Personality Disorder or Mental Retardation, it should be reported here. Record V71.09 if there is no diagnosis on Axis II. The following disorders are reported under Axis II:

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder
- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive-Compulsive Personality Disorder
- Personality Disorder Not Otherwise Specified
- Mental Retardation

Axis III. General Medical Condition: Report the current general medical condition that is directly related or potentially relevant to understanding and/or management of the resident's mental disorder. In some cases, it is clear that the general medical condition is directly causing the development and worsening of mental symptoms and that the mechanism is physiological.

Use a Mental Disorder Due To A Medical Condition diagnosis only when a mental disorder is judged to be a direct physiological consequence of the general medical condition.

Use the ICD-9-CM codes in reporting the current medical condition. Refer to Appendix XI. The following ICD-9 codes for general medical conditions are reported under Axis III:

- Infectious and Parasitic Diseases
- Neoplasms
- Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders
- Diseases of the Blood and Blood Forming Organs
- Diseases of the Nervous System and Sense Organs
- Diseases of the Circulatory System
- Diseases of the Respiratory System
- Diseases of the Digestive System
- Diseases of the Genitourinary System
- Diseases of the Skin and Subcutaneous Tissue
- Diseases of the Musculoskeletal System
- Congenital Diseases
- Injury and Poisoning

Axis IV. Psychosocial/Environmental: Report the psychosocial and environmental factors that may affect the diagnosis, treatment and prognosis of the resident's current mental disorders. Take note of those psychosocial and environmental conditions that clearly contributed to the mental disorder. Choose one or more of the following categories and fill in the box(es) with the corresponding number as written below:

1. **Problems with primary support group** - e.g., death of a family member; health problems in family; disruption of family by separation, divorce, or estrangement; removal from the home; remarriage of parent; sexual or physical abuse; parental overprotection; neglect of child; inadequate discipline; discord with siblings; birth of sibling.
2. **Problems related to the social environment** - e.g., death or loss of friend; inadequate social support; living alone; difficulty with acculturation; discrimination; adjustment to life-cycle transition (such as retirement).
3. **Educational problems** - e.g., illiteracy, academic problems; discord with teachers or classmates; inadequate school environment.
4. **Occupational problems** - e.g., unemployment; threat of job loss; stressful work schedule; difficult work conditions; job dissatisfaction; job change; discord with boss or coworkers.
5. **Housing problems** - e.g., homelessness; inadequate housing; unsafe neighborhood; discord with neighbors or landlord.
6. **Economic problems** - e.g., extreme poverty; inadequate finances; insufficient welfare support.

7. **Problems with access to health care services** - e.g., inadequate health care services; transportation to health care facilities unavailable; inadequate health insurance.
8. **Problems related to interaction with legal system/crime** - e.g., arrest; incarceration; litigation; victim of crime.
9. **Other psychosocial and environmental problems** - e.g., exposure to disaster, war, other hostilities; discord with nonfamily caregivers such as counselor, social worker, or physician; unavailability of social service agencies.

Axis V. Global Assessment of Functioning (GAF) (Appendix VIII): - Record the highest GAF in the past year and the current GAF in the respective spaces. Rate the GAF with respect to only psychological, social and occupational functioning. “Do not include impairment of functioning due to physical or environmental limitations.” The current GAF should be congruent with the overall severity of psychiatric illness (question #39) and with the resident’s current psychiatric symptomatology.

- a. **Past year GAF** - the highest level of functioning, for at least a few months, during the past year. If GAF rating is not available in the chart, make an estimate based on information in the medical record.
- b. **Current GAF** - the level of functioning at the time of the evaluation.

CURRENT MENTAL STATUS EXAMINATION

The purpose of the mental status examination is to assess both qualitatively and quantitatively a range of mental functions at a given time. It is useful in providing a baseline of information for future examinations and to assess deterioration or improvement in specific functions over time. The mental status examination provides a rating of the resident's appearance, attitude and behavior, thought processes, thought content and current cognitive status. It is a means to assess orientation, attention, speech, mood, thought process, specific cognitive skills and organizing observational data.

The headings are descriptive of the areas of mental functioning the evaluator is expected to explore. Careful recording and accurate description of the resident's current behavior enables a DMH reviewer to make an accurate diagnosis without actually seeing the resident.

16 - 22. Appearance, Attitude, and Behavior

Describe the general appearance of the resident. Note the clothing, personal hygiene, any use of cosmetics, etc. Observe the appropriateness, neatness, and manner of dress and grooming. Observe the resident's reaction towards the evaluator and the evaluation. Describe the character and amount of motor activity, any indication of restlessness or anxiety, social withdrawal or isolation or manifestation of extreme psychomotor retardation.

23 - 27. Thought Process

As the resident speaks, the evaluator should note the following:

- The degree of verbal productivity and the resident's spontaneity.
- Coherence and relevance of the resident's verbalization.
- The speed of reaction and manner of answering direct questions.
- The presence of blocking (a sudden interruption of thought or speech) or mutism (inability or refusal to speak).

Regarding Mutism: The inability or unwillingness of the resident to speak is a common finding in both functional and organic conditions. If the resident is rated moderate to severe on mutism, an explanation is required explaining how the information, which requires communication skills, was obtained in Item 71. Otherwise, the evaluation should be terminated and completed as a suspend.

- Note the presence of flight of ideas or skipping from one idea to another in a rapid, fragmented fashion.
- Observe if the resident is oriented to time, place, person, and surroundings.

28 - 32. Emotional Status

Describe the affect of the resident. Record the emotional feeling tone that best describes the resident. The evaluator should assess the following:

- Appropriateness of the emotions shown to the circumstances of the interview and the ideas being expressed.
- Range of emotional expression. Note the presence of narrow range of emotional response, blunting or flatness.
- Depression or a prevailing attitude of pessimism. The concomitant feelings which may be expected with depression include hopelessness, helplessness, and guilt.
- Pervasive elation, undue optimism or euphoria.
- The presence of lability (abrupt change from one emotion to another), whether it is in response to major and minor shifts in content or occurs without stimulus.

33 - 37. Thought Content

Describe the resident's trend of thought noting the main topics of complaint or preoccupation. Record the presence or absence of the following:

- **Hallucinations (auditory, visual).** Note presence of false sensory perception without stimuli. The evaluator may ask if the resident has seen or heard things that others do not hear or see.
- **Delusions (persecutory, grandiose, and somatic).** Note presence of false beliefs not in keeping with resident's culture or education.
- **Ideas of Reference.** The evaluator may ask the resident about tendencies to misinterpret events or conversations, and about feelings of being singled out, watched or talked about by others.
- **Suicidality (for suicidal ideation).** The evaluator shall endeavor to bring out the resident's thoughts about self-harm or destruction. The evaluator may ask the resident if, along with the feelings of hopelessness, the resident has been bothered with thoughts of self-harm or suicide. **Whenever the resident admits to having suicidal ideation, the evaluator should explore suicidal intent, plans and means.**

When elicited, suicidality of any degree shall be taken seriously. Use the comment section, Item 71, to report if suicidality is in the form of ideation or intent and if the resident is a high suicidal risk.

- **Homicidality (for homicidal ideation).** The evaluator should explore the presence of homicidal thoughts and intent. It shall be treated like suicidality.

Suicidality and/or Homicidality could trigger a recommendation of Specialized Services.

38. Current Cognitive Status

Many aspects of the resident's mental function can be observed in the course of history taking. Many residents may be antagonized by the nature of the questions. You may have to explain the purpose of your line of questioning.

- a. **Attention Deficit.** Observe if the resident is so preoccupied or easily distracted that cooperation with the evaluator is disrupted. Attention deficit could be an indication of acute confusional state suggestive of the presence of medical problems or nonorganic mental disorder. Attention span may be assessed by having the resident repeat increasing numbers of digits forward.
- b. **Short-Term Memory Deficit.** Short-term verbal memory is assessed clinically by asking the resident to learn new information. This is commonly done by presenting four unrelated words such as brown, honesty, desk and car.

The words are repeated several times until the evaluator is certain that the resident correctly recalls all four words. The resident is then told that he/she will be asked to recall these words later. Following a five minute delay with interference, the resident is asked to freely recall the words learned earlier.

- c. **Long-Term Memory Deficit.** To assess long-term memory impairment, the resident is asked personal information that is known to the evaluator, such as, birth place, birth date, past presidents, well-known dates, etc.
- d. **Poor Concentration.** "Serial 7s" or 3s is commonly used to assess concentration ability. The resident is asked to subtract 7 or 3 from 100 and then to continue subtracting 7 or 3 from each remainder.

- e. **Problem in Abstraction.** The ability of the resident to make valid generalizations may be tested by asking the resident to interpret proverbs. Proverbs commonly used are:

- "Don't cry over spilled milk."
- "People who live in glass houses should not throw stones."
- "A rolling stone gathers no moss."

Disturbances in conceptualizing may be assessed by asking for similarities or differences among a number of objects.

Questions to ask include:

- "How are apples, bananas, and oranges alike?"
- "What is the difference between a mistake and a lie?"

- f. **Poor Insight.** Is determined by the degree to which the resident understands his/her medical or psychological problems.

Questions to ask include:

- "What brought you to this facility?"
- "What is the best treatment for your mental difficulty?"

- g. **Poor Judgment.** Judgment is determined by the resident's ability to correctly estimate situations and form opinions which suggest reasonable and effective solutions.

Questions to ask include:

- "If you were lost in the woods, how would you find your way out?"
- "What would you do if you were the first person to see a fire in a movie theater?"

39. **Overall Severity of Psychiatric Illness**

Based on the ratings given for items 16 - 38, the course of mental illness, dosage of medications and characteristics of use of PRN medication, you should come up with your assessment of the overall severity of mental dysfunction. Your assessment of overall severity should be consistent with the resident's psychopathology and the current GAF. You should NOT check "mild" on the overall severity box if you have checked a number of boxes on mental status examination as "moderate" or "severe" or vice-versa.

PSYCHIATRIC HISTORY

Ascertain the resident's past and present psychiatric illness and response to treatment.

40. a. Drug abuse; b. Alcohol abuse

Check the appropriate boxes which verify any history of drug and/or alcohol abuse. Consider the chronicity, frequency, nature and amount of drug and alcohol consumption in completing this section. Use Item 71 if active use of substances is suspected.

41. Age at Onset of Mental Illness

If known, enter the age of the resident at onset of mental illness. If unable to determine age, enter 99. If no mental illness, enter 00.

42. Primary Living Situation

Check the box which indicates where the resident has resided for six months or longer, during the past year.

43. Number of Psychiatric Hospitalizations

Enter the total number of separate admissions to acute psychiatric facilities over the past two years.

44. Number of Suicide Attempts

Enter the number of suicide attempts as indicated. Do not include reports of suicidal threats or ideation.

45. Number of Assaultive Incidents

Enter the number of times the resident physically assaulted another person, as indicated. Any comment regarding verbal abuse should be entered in the comment section, Item 71.

46. Number of AWOL Attempts

Enter the total number of times the resident left or attempted to leave the facility without medical authorization, as indicated.

47. Number of PRN Psychiatric Medications

Enter the number of PRN medications, as indicated. Include only PRN psychotropic medications and PRN medications given for psychiatric behavior.

48. Response to Psychiatric Medications

Indicate how well the resident's psychiatric symptoms are responding to current medications. This information may be found in the physician's and/or nurse's progress notes.

PSYCHIATRIC MEDICATIONS

List the resident's current and past medication history.

49. Past Psychiatric Medications

List all psychotropic medications taken for the longest period of time, over the past two years. If not found in the resident's current medical record, this information may be available in the resident's holding chart. If the daily dose is not known, enter 9999 in the space provided. Refer to Appendix IX for a list of medications and digit codes.

50. Current Psychiatric Medications

Enter NAME, CODE, and DOSAGE of current psychotropic medications (Use Appendix IX for list of psychotropic medications). Indicate whether the medication is given on a regular or PRN basis. Anticonvulsant medications when prescribed for psychiatric symptoms should also be recorded in this section.

Enter TOTAL DAILY dose in milligrams. If dose is larger than milligram space provided, enter 9999.

51 - 52. Indicate the nonpsychiatric medications which may mask or mimic psychiatric illness. Record the name of the medication in the space provided.

CURRENT PLACEMENT POTENTIAL

Assess the resident's psychosocial functioning and potential for community placement.

53. Current Placement Potential

This section is designed to provide information about the resident's ability to function outside the NF; whether in another structured supervised setting or independent living.

In rating the current community placement potential, make use of all available sources of information. Consider both current and pre-NF levels of functioning.

54. Evaluators should be cautioned that the statement reads refrain from these behaviors. In this section, it is particularly important to consider not only present behavior but to take into account the resident's adjustment to previous community placements. Check appropriate boxes.

55 - 57. Check the appropriate box.

PHYSICAL HEALTH HISTORY

Obtain a comprehensive medical history and current physical status with particular emphasis on the resident's need for skilled nursing care. There may be times when information from several sources must be obtained (e.g., facility staff, family members, conservators, and records).

58. Current Physical Health Problems

Check all boxes that apply. Use box "other" to record presence of terminal illness and other health problems not listed. A list of physical problems is often available in the resident's chart. Suspected or undiagnosed conditions should not be noted. If #58.10 (Gastrointestinal Disorders) is checked, #69.f (Physical Examination/Rectal) should be performed. If not performed by evaluator use Item #70 (Physical Examination Comments) to recommend appropriate consult. If #58.11 (Genitourinary Disorders) is checked, #69.g (Physical Examination/Genitourinary) should be performed. If not performed by evaluator use Item #70 (Physical Examination Comments) to recommend appropriate consult.

59. Skilled Nursing Procedures

This section is particularly important in making your recommendation as to the resident's need for LOC. Look for this information in the Current Treatment Plan section of the chart. Do not include routinely provided procedures. Check all boxes that apply.

60. Incontinence of Urine

Check box 1 (never) if resident has no incontinent problems; check box 2 (occasionally) if resident is incontinent of urine one or more times a week but not daily; check box 3 (frequently) if the resident is incontinent daily.

61. Incontinence of Feces

Check box 1 (never) if resident has no incontinent problems; check box 2 (occasionally) if resident is incontinent of feces once a week; check box 3 (frequently) if resident is incontinent of feces two to three times a week.

62. Physical Health Aids

Check **ALL** items that apply. Include devices resident uses or would use if they are available.

63. Ambulation

Check the box that best describes the resident's condition.

64. Personal Care Activities

Check the box that describes the resident's current level of functioning for each activity.

PHYSICAL EXAMINATION

Provide the current physical health status of the resident. For the physical examination, it is strongly recommended that the evaluator fill this section out as the data is gathered.

If a physical examination has been performed in the past 90 days and any elements of the exam are not available from the record, the evaluator must perform those aspects of the physical examination.

Also, if a physical examination has been completed within 90 days, and the evaluator notes a significant change in any aspect of the resident's medical status, the evaluator must perform those elements of the physical exam related to the resident's change in medical status or make the appropriate recommendation/consultation.

65 - 68. Physical Examination Information

Check the appropriate boxes and record information as requested.

69. Systemic Examination

Record findings as normal or abnormal, and source of information as exam or record. Do not use Column 5 "not done". Use #70 "Physical Examination Comments" to explain any abnormal finds or unmarked fields.

70. Physical Examination Comments

Add or explain additional information pertinent to the physical examination. Note any speech and language problems (e.g., aphasia) due to physical or neurological abnormalities. It is important that you distinguish between elective mutism (i.e., resident appears mute during examination, however, at other times the resident talks), and the resident's inability to talk due to organic or physical dysfunction. Also explain any "not done" categories.

ADDITIONAL INFORMATION/CLARIFICATION OF CLINICAL INCONSISTENCIES/DIFFERENTIAL DIAGNOSES:

71. This section should be used to note:

- Results of previous placement at lower level of care, board and care homes or independent living, if pertinent to current treatment recommendations.
- Differential diagnoses and how the evaluator decided upon one diagnosis versus the other(s).
- Information regarding where/how the evaluator obtained current MSE data when residents are uncooperative or mute and inaccessible.
- Pertinent information, not previously noted, which supports your diagnosis or treatment recommendations, and/or
- Confounding factors or inconsistent clinical data presented in the evaluation; for example, if your primary diagnosis is functional, but the MSE and CSE indicate primarily cognitive deficits.

This section should not be used for:

- Remarks which repeat information presented in the body of the Level II evaluation; such as, age, diagnosis, sex, recommended level of care, etc.
- Repeating the same information from resident to resident. Repetitive comments across residents suggests that the evaluator has not individualized the diagnosis and treatment recommendations process for each resident.

RECOMMENDATIONS

72. Rehabilitation Potential

Indicate the resident's potential for rehabilitation by checking the appropriate box.

Consider the following in determining rehabilitation potential: co-morbidity, severity and chronicity of mental illness, results of previous rehabilitation efforts, cognitive strengths/weaknesses, support system.

73. Psychiatric Rehabilitation Activities

Indicate the psychiatric rehabilitation activities the resident is currently receiving and those that you are recommending by checking the appropriate boxes:

1. **None:** Check this box if the resident is not receiving any psychiatric treatment and/or you are not recommending any psychiatric treatment.
2. **Psychotropic Medication Education/Monitoring:** A program in which a trained mental health professional explains the benefits and risks of the resident's psychotropic medications, and facility staff monitor their administration. Should be recommended for residents who are not expected to administer their own medications independently because they are:
 - 1) **Not medication compliant.** Monitoring helps to assure that the resident received the recommended medications on a daily basis. The educational component helps the resident to better understand the need for the medications, how they work, side effects, and how to deal with side effects should they occur. All of which is likely to improve voluntary medication compliance.
 - 2) **Cognitively Impaired.** The educational component should either be simplified or eliminated altogether, depending upon the individual's ability to understand the information.
3. **Independent Medication Management/Training:** A therapeutic program in which a trained mental health professional assists the resident in becoming more independent in the administration and management of their own medications. Recommended for residents with adequate cognitive skills who may be expected to function at more independent levels of care; for example, a board and care home.
4. **Individual or Group Psychotherapy:** This refers to in-depth, insightful, dynamically oriented psychotherapy provided by a mental health professional licensed to practice independently in this state. Psychotherapy should be recommended for those residents who could be expected to benefit from the process, and demonstrate minimal or no cognitive deficit.

5. **Supportive Services:** These are interactions between residents and facility staff that encourage problem solving, socialization, or focus on a therapeutic goal. Residents with mental disorders, who are too cognitively impaired to benefit from individual or group psychotherapy, should be considered for supportive services. Where appropriate, some residents may benefit by having both psychotherapy and supportive services.
6. **Family Therapy:** This should be recommended for residents who have family members involved in their care, especially if placement at home is a possibility in the future. It is provided by a mental health professional licensed to practice independently in this state.
7. **Cognitive Behavior Therapy:** This should be recommended for residents with adequate cognitive function whose psychiatric difficulties have been shown to respond to this therapeutic modality. It is provided by a mental health professional licensed to practice independently in this state.
8. **ADL Training/Reinforcement:** A therapeutic intervention by a trained mental health professional which combines behavioral reinforcement techniques with skill training to improve the resident's performance of Activities of Daily Living. Should be recommended for residents who either need training on how to dress more appropriately, bathe, toilet, feed, or groom themselves; for residents who have such skills, but who do not perform these tasks responsibly as a result of their mental disorder.
9. **Mental Health Rehabilitation Activities:** These include therapeutic community, dance, music, art, exercise, leisure, recreation, orientation, education, and/or skill building activities. Most residents would benefit by some participation in these activities, even those who are bedfast.
10. **Substance Rehabilitative Services:** These include services for the rehabilitation of alcohol, tobacco, illicit drugs and abuse or misuse of over-the-counter and prescription medications.
11. **Behavioral Modification Program for:** Describe here the behaviors you feel need modification. For example, behavior modification program to reduce assaults on peers.
12. **Other:** Specify other rehabilitative services the resident is currently receiving and/or you are recommending. Note here if you are recommending changes in medication or dosage. Some residents, although receiving psychotropics, may not have been seen by a psychiatrist. Use this item to indicate the need for a psychiatric consult or regular follow-up by a psychiatrist.

74. **Level of Placement**

Indicate the recommended level of care for the resident's current physical and psychiatric status: (If 1 or 2 is selected, **IMMEDIATELY** FAX the assessment (DMH 1733) to the Contractor's office for immediate attention.)

1. **Acute Psychiatric Hospital:** A hospital having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care for mentally disordered, incompetent residents, including medical, nursing, rehabilitative, pharmacy, and dietary services. [Title 22, Chapter 2, Article 1, Section 71005 (a)]

This setting is for residents who are suffering from an acute episode of a serious mental illness or an acute exacerbation of a chronic serious mental disorder who also have medical conditions that require medical attention on an inpatient basis. If this recommendation is made, refer to the Specialized Services Recommendation procedure below.

2. **Psychiatric Health Facility (PHF):** 24-hour acute psychiatric, nonhospital setting.

This placement is indicated for residents who are suffering from an acute episode of a serious mental illness or acute exacerbation of a chronic serious mental illness, who DO NOT have medical conditions that require medical attention on an inpatient basis. If this recommendation is made, refer to the Specialized Services Recommendation procedure below.

A PHF admission is appropriate if a resident's medical condition can be managed on an outpatient basis. A PHF admission is not appropriate if a particular resident's medical condition cannot be managed by the PHF. (Title 22, Chapter 9, Article 3)

3. **Special Treatment Program (STP):** STP services are those therapeutic services, which include prevocational and prerelease planning, provided to mentally disordered persons having special needs in one or more of the following general areas: self-help skills, behavior adjustment, interpersonal relationships. [Title 22, Chapter 3, Article 1, Section 72443(a)]

STPs provide the highest level of psychiatric service available in a NF. Regulations require, a) a minimum of 27 hours per week of direct group or individual program service for each resident and b) the resident has moderate to excellent rehabilitation potential.

This is an appropriate placement for residents who are not experiencing an acute episode, but whose serious mental illness could endanger themselves and/or others if they are not constantly supervised. Consider the age, severity of symptoms, chronicity, physical illness and history of previous STP placement before recommending this placement.

A fair or good rehabilitation potential is a factor for consideration in recommending residents for placement in STP programs. Take note of previous attempts with STP placement.

4. **Nursing Facility:** An institution (or a distinct part of an institution) which is primarily engaged in providing to residents:
 - a. skilled nursing care and related services for residents who require medical or nursing care,
 - b. rehabilitation services for the rehabilitation of injured, disabled or sick persons, or
 - c. on a regular basis, health-related care and services to individuals who, because of their mental or physical condition, require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases. [PL 100-203, Section 1919(a)(1)]
5. **Board and Care Facility:** Residents whose psychiatric symptoms have been stabilized or who are in a state of remission and have minimal or no physical health problems are appropriate for a less restrictive setting like a board and care home.
6. **Other:** Indicates other community placement settings such as halfway houses, independent living or placement with family.

SPECIALIZED SERVICES (SS) RECOMMENDATION

If 74. #1 or #2 is checked as a recommendation for Specialized Services, the evaluator should follow the procedures indicated below:

Within 24 hours of such recommendation:

1. Immediately contact and alert the contractor's office of the finding and FAX/send a hard copy of the Level II form.
2. The contractor shall review and certify the Level II evaluation and immediately contact and FAX the recommendation to the DMH, PASARR Section clinical staff.

Within 24 hours of the receipt of a SS recommendation from the contractor, a DMH clinician shall review the Level II findings, contact all parties concerned, and make the necessary arrangements to facilitate the provision of SS.

EVALUATION INFORMATION AND CERTIFICATION

Provides overall documentation and certification that the appropriate disciplines have reviewed the protocol, and concur with the evaluator's recommended diagnosis and disposition.

75. Evaluation Time/Mileage

Record approximate evaluation time and round trip mileage.

76. Level II Evaluator

Print name and title of evaluator and enter the date of evaluation. Affix signature in ink.

77. Physical History and Examination Certification

Complete this section when the physical health history and physical examination are not performed by a physician and where certification by a licensed physician is required. Print name and title of physician and enter date of certification. Affix signature in ink.

78. PASARR/MI Overall Certification by Board- Certified/Eligible Psychiatrist

All PASARR/MI evaluations and recommendations must be certified by a B/C or B/E psychiatrist. This certification verifies that the psychiatrist has reviewed each Level II evaluation and concurs with the treatment recommendations before it is transmitted to the DMH. This certification is an integral part of the quality assurance process which provides the BC/BE psychiatrist information regarding the ongoing performance and training needs of evaluators.

The certification process ensures that:

1. The information presented is accurate and current.
2. The clinical data related to medical and psychiatric history as well as current symptomatology are consistent with each other and with the multi-axial diagnosis.

If the BC/BE psychiatrist has questions about the data or about conclusions reached by the evaluator, he/she shall seek clarification from the evaluator for more information before certifying the evaluation for data entry. Once the issues are resolved, the BC/BE psychiatrist should indicate and initial any changes made to the MH 1733.

3. The treatment and level of care recommendations are most appropriate for this individual at this point in their clinical course.

Enter name, date, and signature in space provided. Affix signature in ink. If the evaluation is performed by a BE/BC psychiatrist, another BE/BC psychiatrist MUST perform the overall certification of the evaluation and recommendation.

SECTION IV

APPENDICES

(e) Inpatient hospitalization for persons undergoing chronic hemodialysis shall be in accordance with the provisions of Section 51327.

NOTE: Authority cited: Section 14124.5, Welfare and Institutions Code. Reference: Sections 14133, 14133.1 and 14133.3, Welfare and Institutions Code.

HISTORY

1. Amendment of subsections (a) and (b) and new subsection (e) filed 9-27-72; designated effective 11-1-72 (Register 72, No. 40). For prior history, see Register 72, No. 5.
2. Amendment of subsection (e) filed 8-8-78; effective thirtieth day thereafter (Register 78, No. 32).
3. Amendment of subsections (b) and (c) filed 8-31-79; effective thirtieth day thereafter (Register 79, No. 35).
4. Change without regulatory effect of NOTE (Register 86, No. 49).

§ 51330.1. Renal Homotransplantation.

Renal homotransplantation is covered only when performed in a hospital which meets the standards established by the Department for renal homotransplantation centers.

NOTE: Authority cited: Section 14124.5, Welfare and Institutions Code. Reference: Sections 14133 and 14133.1, Welfare and Institutions Code.

HISTORY

1. New section filed 9-30-71 as an emergency; designated effective 10-1-71 (Register 71, No. 40).
2. Certificate of Compliance—Section 11422.1, Gov. Code, filed 1-25-72 (Register 72, No. 5).
3. Amendment filed 9-27-72; designated effective 11-1-72 (Register 72, No. 40).
4. Amendment filed 1-18-74; effective thirtieth day thereafter (Register 74, No. 3).
5. Change without regulatory effect adding NOTE (Register 86, No. 49).

§ 51331. Hospital Outpatient Department Services and Organized Outpatient Clinic Services.

(a) Hospital outpatient department services and organized outpatient clinic services are covered to the extent listed:

- (1) Physician
- (2) Optometric
- (3) Psychology
- (4) Podiatric
- (5) Physical therapy
- (6) Occupational therapy
- (7) Speech pathology
- (8) Audiology
- (9) Acupuncture
- (10) Dental
- (11) Laboratory and X-ray
- (12) Blood and blood derivatives
- (13) Chronic hemodialysis
- (14) Hearing aids
- (15) Prosthetic and orthotic appliances
- (16) Durable medical equipment
- (17) Medical supplies
- (18) Prescribed drugs
- (19) Use of an emergency, examining, or treatment room or other hospital facilities included in Section 51509(g), when required for the provision of a covered physician's service.

(20) Adult Day Health Care

(b) Physician services in a hospital outpatient department or clinic are subject to the requirements of Sections 51305 through 51305.7. Services indicated in (3) and (6) through (8) above are subject to the limitations specified in Section 51304(a). Podiatry services, except as otherwise specified in Section 51310(a)(1), and physical therapy services are covered only if prior authorization is obtained from the Medi-Cal consultant. The services set forth above are subject to the same limitations that apply when such services are provided in a nonhospital or nonclinic setting.

(c) Organized outpatient clinic services shall be covered only for services provided to outpatients at the clinic site. Medical staff of organized outpatient clinics who wish to provide and be reimbursed for ongoing

care to a clinic patient who has been admitted to a health facility, or who is confined to his or her residence must obtain and use individual or group physician provider numbers. They must also separately bill the program for these out-of-clinic services utilizing their individual provider numbers with the appropriate place of service indicated.

(d) Drugs dispensed by a licensed nonprofit community or free clinic for use at home shall be covered only if the clinic has obtained a permit pursuant to Business and Professions Code Section 4063 et seq. All drugs dispensed to Medi-Cal patients by clinics with special permits shall be subject to the provisions of Sections 51313 and 51313.3 as applicable.

NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code; Section 57(c), Chapter 328, Statutes of 1982; and Section 208, Health and Safety Code. Reference: Sections 14053, 14131, 14132, 14133, 14133.1, 14133.3 and 14133.25, Welfare and Institutions Code; Section 52, Chapter 328, Statutes of 1982; Section 149, Chapter 323, Statutes of 1983; and Section 4063, Business and Professions Code.

HISTORY

1. Amendment filed 5-14-76 as an emergency; effective upon filing (Register 76, No. 20). For prior history, see Register 72, No. 18.
2. Certificate of Compliance filed 9-8-76 (Register 76, No. 37).
3. New subsection (a)(19) filed 6-28-78 as an emergency; designated effective 7-1-78 (Register 78, No. 26).
4. Amendment filed 9-4-80; effective thirtieth day thereafter (Register 80, No. 36).
5. Amendment of subsection (a) filed 4-30-81; effective thirtieth day thereafter (Register 81, No. 18).
6. Amendment of subsection (b) filed 9-1-82 as an emergency; effective upon filing (Register 82, No. 37). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 12-30-82.
7. Certificate of Compliance transmitted to OAL 12-30-82 and filed 2-2-83 (Register 83, No. 6).
8. New subsection (c) filed 9-10-86; effective thirtieth day thereafter (Register 86, No. 37).
9. Change without regulatory effect of NOTE (Register 86, No. 49).
10. New subsection (d) and amendment of NOTE filed 1-6-94; operative 2-7-94 (Register 94, No. 1).

§ 51331.5. Rural Health Clinic Services.

The following services are covered as rural health clinic services when provided by a rural health clinic in accordance with the requirements of this chapter:

- (a) Physicians services.
- (b) Primary care services when provided by a nonphysician medical practitioner.
- (c) Services and supplies incident to the services provided under (a) and (b).
- (d) Home nursing services, in those areas designated by the Secretary, Department of Health and Human Services as having a shortage of Home Health Agencies when provided in accordance with the following:
 - (1) The services are furnished by a registered nurse or licensed vocational nurse who is compensated by the clinic.
 - (2) The services are furnished to a homebound patient.
 - (3) The services are furnished in accordance with a written treatment plan established by a physician or nonphysician medical practitioner.
 - (4) The treatment plan is approved and subsequently reviewed at least every 60 days by the supervising physician employed by the clinic.
 - (5) The services do not include the preparation of meals, housecleaning, or other nonmedical services not covered by this chapter.
 - (6) The services are documented in accordance with standards specified in Title 22, California Administrative Code, Sections 75054 and 75056 regarding clinical and administrative record keeping.
 - (7) The services are provided on a part-time or intermittent basis unless provided to patients who are approved in advance by the Department for in-home medical care which is described in Section 14132(t) of the Welfare and Institutions Code. If patients are approved for in-home medical care, services can be provided on any Department approved basis.
- (e) Any other outpatient services, supplies, equipment and drugs.

NOTE: Authority cited: Sections 10725, 14100.1, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14100.1, 14105, 14124.5 and 14132, Welfare and Institutions Code.

HISTORY

1. New section filed 8-1-78 as an emergency; effective upon filing (Register 78, No. 31).
2. Certificate of Compliance transmitted to OAH 11-28-78 and filed 11-29-78 (Register 78, No. 48).
3. Amendment filed 7-7-86; effective thirtieth day thereafter (Register 86, No. 28).

§ 51332. Organized Outpatient Clinic Services.

HISTORY

1. New section filed 9-27-72; designated effective 11-1-72 (Register 72, No. 40).
2. Repealer filed 5-14-76 as an emergency; effective upon filing (Register 76, No. 20).
3. Certificate of Compliance filed 9-8-76 (Register 76, No. 37).

§ 51333. Other Organized Outpatient Services.

HISTORY

1. Repealer filed 9-30-71 as an emergency; designated effective 10-1-71 (Register 71, No. 40). For prior history, see Register 67, No. 52.
2. Certificate of Compliance—Section 11422.5, Gov. Code, filed 1-25-72 (Register 72, No. 5).

§ 51334. Intermediate Care Services.

Intermediate care services are covered subject to the following:

(a) Intermediate care services are covered only after prior authorization has been obtained from the designated Medi-Cal consultant for the district where the facility is located. The authorization request shall be initiated by the facility. The attending physician shall sign the authorization request and shall certify to the Department that the beneficiary requires this level of care.

(1) An initial treatment authorization request shall be processed for each admission.

(2) An initial authorization may be granted for up to one year from the date of admission.

(b) The request for reauthorization must be received by the appropriate Medi-Cal consultant on or before the first working day following the expiration of a current authorization. When the request is received by the Medi-Cal consultant later than the first working day after the previously authorized period has expired, one day of authorization shall be denied for each day the reauthorization request is late. Reauthorizations may be granted for up to six months.

(c) The Medi-Cal consultant shall deny any authorization request, reauthorization request, or shall cancel any authorization in effect when services or placement are not appropriate to the health needs of the patient. In the case of denial of a reauthorization request or cancellation of authorization, the beneficiary shall be notified in writing of the Department's decision, to deny ongoing services; the provider will be notified simultaneously. If the beneficiary does not agree with the Department's decision, the beneficiary has the right to request a fair hearing pursuant to section 51014.1 herein. If the beneficiary requests a fair hearing within ten days of the date of the notice, the Department will institute aid paid pending the hearing decision pursuant to section 51014.2 herein.

(d) The attending physician must recertify, at least every 60 days, the patient's need for continued care in accordance with the procedures specified by the Director. The attending physician must comply with this requirement prior to the 60-day period for which the patient is being recertified. The facility must present proof of this recertification at the time of billing for services rendered.

(e) Prior to the transfer of a beneficiary between facilities, a new initial Treatment Authorization Request shall be initiated by the receiving facility and signed by the attending physician. No transfer shall be made unless approved in advance by the Medi-Cal consultant for the district where the receiving facility is located.

(f) Medi-Cal beneficiaries in the facility shall be visited by their attending physicians no less often than every 60 days. An alternative schedule of visits may be proposed subject to approval by the Medi-Cal consultant. At no time, however, shall an alternative schedule of visits result in more than three months elapsing between physician visits.

(g) There shall be a periodic medical review, not less often than annually, of all beneficiaries receiving intermediate care services by a Medical Review Team as defined in section 50028.2.

(h) Leave of absence from intermediate care facilities is reimbursed in accordance with section 51535 and is covered for the maximum number of days per calendar year as indicated below:

(1) Developmentally disabled patients: 73 days.

(2) Patients in a certified special treatment program for mentally disordered persons, or patients in a mental health therapeutic and rehabilitative program approved and certified by a local mental health director: 30 days.

(3) All other patients: 18 days. Up to 12 additional days of leave per year may be approved in increments of no more than three consecutive days when the following conditions are met:

(A) The request for additional days of leave shall be in accordance with the individual patient care plan and appropriate to the physical and mental well-being of the patient.

(B) At least five days inpatient care must be provided between each approved leave of absence.

(i) Special program services for the mentally disordered (as defined in chapter 4, division 5, title 22 of the California Administrative Code) provided in intermediate care facilities are covered when prior authorization has been granted by the Department for such services. Payment for these services shall be made in accordance with section 51511.1.

(j) A need for a special services program for the mentally disordered is not sufficient justification for a beneficiary to be placed in an intermediate care facility. All beneficiaries admitted to intermediate care facilities must meet the criteria found in paragraph (k) of this section.

(k) A need for a special services program for the developmentally disabled or mentally disordered is not sufficient justification for a beneficiary to be placed in an intermediate care facility. All beneficiaries admitted to intermediate care facilities must meet the criteria found in paragraph (l) of this section.

(l) In order to qualify for intermediate care services, a patient shall have a medical condition which needs an out-of-home protective living arrangement with 24-hour supervision and skilled nursing care or observation on an ongoing intermittent basis to abate health deterioration. Intermediate care services emphasize care aimed at preventing or delaying acute episodes of physical or mental illness and encouragement of individual patient independence to the extent of his ability. As a guide in determining the need for intermediate care services, the following factors may assist in determining appropriate placement:

(1) The complexity of the patient's medical problems is such that he requires skilled nursing care or observation on an ongoing intermittent basis and 24-hour supervision to meet his health needs.

(2) Medications may be mainly supportive or stabilizing but still require professional nurse observation for response and effect on an intermittent basis. Patients on daily injectable medications or regular doses of PRN narcotics may not qualify.

(3) Diet may be of a special type, but patient needs little or no assistance in feeding himself.

(4) The patient may require minor assistance or supervision in personal care, such as in bathing or dressing.

(5) The patient may need encouragement in restorative measures for increasing and strengthening his functional capacity to work toward greater independence.

(6) The patient may have some degree of vision, hearing or sensory loss.

(7) The patient may have some limitation in movement, but must be ambulatory with or without an assistive device such as a cane, walker, crutches, prosthesis, wheelchair, etc.

(8) The patient may need some supervision or assistance in transferring to a wheelchair, but must be able to ambulate the chair independently.

(9) The patient may be occasionally incontinent of urine; however, patient who is incontinent of bowels or totally incontinent of urine may qualify for intermediate care service when the patient has been taught and can care for himself.

(10) The patient may exhibit some mild confusion or depression; however, his behavior must be stabilized to such an extent that it poses no threat to himself or others.

NOTE: Authority cited: Sections 10725, 14105, 14108, 14108.1 and 14124.5, Welfare and Institutions Code. Reference: Sections 10725, 14105, 14108, 14108.1, 14108.2, 14124.5 and 14132, Welfare and Institutions Code.

HISTORY

1. Amendment filed 11-19-76 as an emergency; effective upon filing (Register 76, No. 47). For prior history, see Register 75, No. 46.
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).
3. Amendment of subsections (i) and (j) filed 3-2-79; effective thirtieth day thereafter (Register 79, No. 9).
4. Amendment of subsection (h) filed 9-20-79 as an emergency; designated effective 9-20-79 (Register 79, No. 38). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 1-18-80.
5. Certificate of Compliance filed 11-29-79 (Register 79, No. 48).
6. Amendment of subsection (h) filed 4-7-83; effective thirtieth day thereafter (Register 83, No. 15).
7. Amendment of subsection (h)(3) filed 2-9-84; designated effective 3-1-84 pursuant to Government Code section 11346.2(d) (Register 84, No. 6).
8. Amendment of subsection (c) filed 10-26-90 as an emergency; operative 10-26-90 (Register 90, No. 50). A Certificate of Compliance must be transmitted to OAL by 2-25-91 or emergency language will be repealed by operation of law on the following day.
9. Certificate of Compliance as to 10-26-90 order transmitted to OAL 2-22-91 and filed 3-25-91 (Register 91, No. 15).

§ 51335. Skilled Nursing Facility Services.

Skilled nursing facility services necessary for the treatment of illness or injury, are covered subject to the following:

(a) Skilled nursing facility services are covered only after prior authorization has been obtained from the designated Medi-Cal consultant for the district where the skilled nursing facility is located. The authorization request shall be initiated by the facility and shall be signed by the attending physician.

(b) An initial Treatment Authorization Request shall be required for each admission.

(1) An initial authorization may be granted for periods up to one year from the date of admission.

(2) An approved initial Treatment Authorization Request shall be required prior to the transfer of a beneficiary between skilled nursing facilities.

(3) For Medicare/Medi-Cal covered services (crossover services) a request for authorization shall be received by the Medi-Cal consultant's office on or before the 20th calendar day of skilled nursing facility care. Medi-Cal shall not pay coinsurance for skilled nursing facility care unless an authorization request has been approved covering the 21st and subsequent days of skilled nursing facility care. When the authorization request is received by the Medi-Cal consultant's office after the 20th day of skilled nursing facility care, one day of coinsurance authorization shall be denied for each day the request is late.

(c) A request for reauthorization must be received by the appropriate Medi-Cal consultant on or before the first working day following the expiration of a current authorization. When the request is received by the Medi-Cal consultant later than the first working day after the previously authorized period, one day of authorization shall be denied for each day the request is late.

(1) Reauthorizations may be granted for periods up to one year.

(d) The Medi-Cal consultant shall deny an authorization request or reauthorization request or shall cancel any authorization or reauthorization in effect when services or placement are not appropriate to the needs of the patient (beneficiary).

(1) Where the reauthorization request is denied or an existing authorization is cancelled, the beneficiary shall be notified in writing of the De-

partment's decision to deny ongoing services; the provider will be notified simultaneously. If the beneficiary does not agree with the Department's decision, the beneficiary has the right to request a fair hearing pursuant to section 51014.1 herein. If the beneficiary requests a fair hearing within ten days of the date of the notice, the Department will institute aid paid pending the hearing decision pursuant to section 51014.2 herein.

(2) Medi-Cal consultants shall deny any initial authorization request if the skilled nursing facility is not participating in Medicare as a skilled nursing facility and the patient is qualified for skilled nursing facility care. Medicare benefits shall be utilized to their fullest extent; failure to utilize such benefits shall result in denial of Medi-Cal benefits under this section for the same period of time Medicare benefits would have been available. Exception to this rule may be made:

(A) When skilled nursing facility benefits are known to have been exhausted.

(B) When Medicare rejects skilled nursing facility level of care and the Medi-Cal consultant determines the medical necessity for skilled nursing facility care.

(C) When it can be determined that there are no skilled nursing facility care beds available in or near the community.

(e) The attending physician must recertify, at least every 60 days, the patient's need for continued care in accordance with the procedures specified by the Director. The attending physician must comply with this requirement prior to the start of the 60-day period of stay for which the patient is being recertified. The facility must present proof of this recertification at the time of billing for services rendered.

(f) Medi-Cal beneficiaries in the facility shall be visited by their attending physician no less often than once every 30 days for the first 90 days following admission. Subsequent to the 90th day, an alternative schedule of visits may be proposed, subject to approval by the Medi-Cal consultant. At no time, however, shall an alternative schedule of visits result in more than 60 days elapsing between physician visits.

(g) Services are not covered unless provided on the signed order of the physician responsible for the care of the patient.

(h) There shall be a periodic medical review, not less often than annually, of all beneficiaries receiving skilled nursing facility services by a medical review team as defined in section 50028.2.

(i) Leave of absence from skilled nursing facilities is reimbursed in accordance with section 51535 and is covered for the maximum number of days per calendar year as indicated below:

(1) Developmentally disabled patients: 73 days.

(2) Patients in a certified special treatment program for mentally disordered persons, or patients in a mental health therapeutic program approved and certified by a local mental health director: 30 days.

(3) All other patients: 18 days. Up to 12 additional days of leave per year may be approved in increments of no more than two consecutive days when the following conditions are met:

(A) The request for additional days of leave shall be in accordance with the individual patient care plan and appropriate to the physical and mental well-being of the patient.

(B) At least five days inpatient care must be provided between each approved leave of absence.

(j) In order to qualify for skilled nursing facility services, a patient shall have a medical condition which needs visits by a physician at least every 60 days and constantly available skilled nursing services. The following criteria together with the provisions of section 51124, will assist in determining appropriate placement:

(1) Need for patient observation, evaluation of treatment plans, and updating of medical orders by the responsible physician;

(2) Need for constantly available skilled nursing services. A patient may qualify for nursing home services if the patient has one or more of the following conditions:

(A) A condition which needs therapeutic procedures. A condition such as the following may weigh in favor of nursing home placement.

1. Dressing of postsurgical wounds, decubiti, leg ulcers, etc. The severity of the lesions and the frequency of dressings will be determining factors in evaluating whether they require nursing home care.

2. Tracheostomy care, nasal catheter maintenance.

3. Indwelling catheter in conjunction with other conditions. Its presence without a requirement for other skilled nursing care is not a sufficient criterion for nursing home placement.

4. Gastrostomy feeding or other tube feeding.

5. Colostomy care for initial or debilitated patients. Facilities shall be required to instruct in self-care, where such is feasible for the patient. Colostomy care alone should not be a reason for continuing nursing home placement.

6. Bladder and bowel training for incontinent patients.

(B) A condition which needs patient skilled nursing observation. Patients whose medical condition requires continuous skilled nursing observation of the following may be in a nursing home dependent on the severity of the condition. Observation must, however, be needed at frequent intervals throughout the 24 hours to warrant care in a nursing home:

1. Regular observation of blood pressure, pulse, and respiration is indicated by the diagnosis or medication and ordered by the attending physician.

2. Regular observation of skin for conditions such as decubiti, edema, color, and turgor.

3. Careful measurement of intake and output is indicated by the diagnosis or medication and ordered by the attending physician.

(C) The patient needs medications which cannot be self-administered and requires skilled nursing services for administration of the medications. Nursing home placement may be necessary for reasons such as the following:

1. Injections administered during more than one nursing shift. If this is the only reason for nursing home placement, consideration should be given to other therapeutic approaches, or the possibility of teaching the patient or a family member to give the injections.

2. Medications prescribed on an as needed basis. This will depend on the nature of the drug and the condition being treated and frequency of need as documented. Many medications are now self-administered on an PRN basis in residential care facilities.

3. Use of restricted or dangerous drugs, if required more than during the daytime, requiring close nursing supervision.

4. Use of new medications requiring close observation during initial stabilization for selected patients. Depending upon the circumstances, such patients may also be candidates for intermediate care facilities.

(D) A physical or mental functional limitation.

1. Physical limitations. The physical functional incapacity of certain patients may exceed the patient care capability of intermediate care facilities.

a. Bedfast patients.

b. Quadriplegics, or other severe paralysis cases. Severe quadriplegics may require such demanding attention (skin care, personal assistance, respiratory embarrassment) as to justify placement in nursing homes.

c. Patients who are unable to feed themselves.

2. Mental limitations. Persons with a primary diagnosis of mental illness (including mental retardation), when such patients are severely incapacitated by mental illness or mental retardation.

The following criteria are used when considering the type of facility most suitable for the mentally ill and mentally retarded person where care is related to his mental condition.

a. The severity of unpredictability of the patient's behavior or emotional state.

b. The intensity of the care, treatment, services, or skilled observation that his condition requires and.

c. The physical environment of the facility, its equipment, and the qualifications of staff and.

d. The impact of the particular patient on other patients under care in the facility.

(3) The general criteria identified above are not intended to be either all-inclusive or mutually exclusive. In practice, they should be applied as a total package in evaluation of an approved admission.

(k) Special program services for the mentally disordered (as defined in chapter 3, division 5, title 22) provided in skilled nursing facilities are covered when prior authorization has been granted by the Department for such services. Payment for these services will be made in accordance with Section 51511.1.

(l) A need for a special services program for the mentally disordered is not sufficient justification for a beneficiary to be placed in a skilled nursing facility. All beneficiaries admitted to skilled nursing facilities must meet the criteria found in paragraph (i) of this section.

(m) A need for a special services program for the developmentally disabled or mentally disordered is not sufficient justification for a beneficiary to be placed in a skilled nursing facility. All beneficiaries admitted to skilled nursing facilities must meet the criteria found in paragraph (j) of this section.

(n) The placement criteria established in Section 14091.21 of the Welfare and Institutions Code must be met except in either of the following circumstances:

(1) The beneficiary's physician and the discharge planner determine that the beneficiary requires short-term nursing facility care for postsurgical, rehabilitation, or therapy services which are curative rather than palliative in nature; or

(2) The beneficiary's attending physician certifies in the medical record that transfer to a freestanding nursing facility would cause specific physical or psychological harm to the beneficiary.

NOTE: Authority cited: Sections 10725, 14105, 14108, 14108.1 and 14124.5, Welfare and Institutions Code. Reference: Sections 10725, 14091.21, 14105, 14108, 14108.1, 14108.2, 14124.5 and 14132, Welfare and Institutions Code; *Hudman v Kizer*, Sacramento County Superior Court Case No. 362172, and *Laguna Honda Hospital and Rehabilitation Center of the City and County of San Francisco v Kizer*, U.S. District Court, EDCA, No. CIV-S90-1239 MLS EM.

HISTORY

1. Amendment filed 11-19-76 as an emergency; effective upon filing (Register 76, No. 47). For prior history, see Register 75, No. 46.

2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

3. Amendment of subsections (k) and (l) filed 3-2-79; effective thirtieth day thereafter (Register 79, No. 9).

4. Amendment of subsection (i) filed 9-20-79 as an emergency; designated effective 9-20-79 (Register 79, No. 38). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 1-18-80.

5. Certificate of Compliance filed 11-29-79 (Register 79, No. 48).

6. Amendment of subsection (i) filed 4-7-83; effective thirtieth day thereafter (Register 83, No. 15).

7. Amendment of subsection (i)(3) filed 2-9-84; designated effective 3-1-84 (Register 84, No. 6).

8. Amendment of subsection (d)(1) filed 10-26-90 as an emergency; operative 10-26-90 (Register 90, No. 50). A Certificate of Compliance must be transmitted to OAL by 2-25-91 or emergency language will be repealed by operation of law on the following day.

9. Amendment of subsection (a) and (b) filed 11-26-90 as an emergency; operative 11-26-90 (Register 91, No. 3). A Certificate of Compliance must be transmitted to OAL by 3-26-91 or emergency language will be repealed by operation of law on the following day.

10. Certificate of Compliance as to 10-26-90 order transmitted to OAL 2-22-91 and filed 3-25-91 (Register 91, No. 15).

11. Amendment filed 4-2-91 as an emergency; operative 4-2-91 (Register 91, No. 18). A Certificate of Compliance must be transmitted to OAL by 7-31-91 or emergency language will be repealed by operation of law on the following day.

12. Amendment refiled 8-8-91 as an emergency; operative 8-8-91 (Register 92, No. 6). A Certificate of Compliance must be transmitted to OAL 12-6-91 or emergency language will be repealed by operation of law on the following day.

13. Amendment refiled 12-2-91 as an emergency; operative 12-6-91 (Register 92, No. 10). A Certificate of Compliance must be transmitted to OAL 4-6-92 or emergency language will be repealed by operation of law on the following day.

14. Amendment refiled 4-13-92 as an emergency; operative 4-13-92 (Register 92, No. 21). A Certificate of Compliance must be transmitted to OAL 8-12-92 or emergency language will be repealed by operation of law on the following day.

15. Editorial correction of printing error restoring inadvertently omitted subsection (a)(2) (Register 92, No. 28).
16. Amendments, including additional amendments to subsections (a)(3)(C)(2) and (a)(5), refiled 7-2-92 as an emergency; operative 8-11-92 (Register 92, No. 28). A Certificate of Compliance must be transmitted to OAL by 10-30-92 or emergency language will be repealed by operation of law on the following day.
17. Reinstatement of section as it existed prior to emergency amendment filed 4-2-91 by operation of Government Code section 11346.1(g) (Register 93, No. 4).
18. Editorial correction of printing error restoring inadvertently omitted NOTE (Register 93, No. 33).
19. Amendment of subsection (d) and NOTE and new subsections (n)-(n)(2) filed 6-9-94 as an emergency; operative 6-9-94. Exempt from OAL review, approval and repeal and shall remain in effect until revised or replaced per Statutes of 1992, Chapter 722, Section 147 (Register 94, No. 23).

§ 51335.1. Transitional Inpatient Care Services.

(a) Transitional inpatient care services shall be available to any beneficiary meeting the patient criteria set forth in this section.

(b) Transitional inpatient care services are covered only after prior authorization has been obtained from a Medi-Cal Care Coordinator who, in consultation with the health care professionals involved in the patient's care, determines that the patient's medical and nursing needs cannot be appropriately and safely met by other available options including, but not limited to, nursing facility-level B as provided for in section 51335, adult subacute and pediatric subacute services as provided by sections 51124.5, 51124.6, 51215.5, and 51215.8, or home health agency services as provided by section 51337.

(c) When patients meet the level of care criteria for transitional inpatient care services but are also eligible for inpatient hospital services under any State or Federal medical care program or under any contractual or other legal entitlement including, but not limited to, a private group or indemnification insurance program or the Federal Medicare program, the Department shall require the full utilization of such benefits and an insurance or fiscal intermediary denial stating the exhaustion of such benefits, prior to the authorization of Medi-Cal transitional inpatient care benefits.

(d) Prior to admission to transitional inpatient care units in freestanding skilled nursing facilities and general acute care hospitals with distinct-part skilled nursing beds, all transitional inpatient care patients shall be assessed according to the preadmission screen as specified in Section 51215.6(d)(2) conducted by either a facility registered nurse (RN) or rehabilitation therapy professional who is knowledgeable about the services available in the transitional care unit.

(e) Transitional inpatient care services are covered for patients in an acute care hospital who meet the requirements as specified in (i) of this section, and subject to the following:

(1) The patient shall be determined to have been clinically stable for the preceding 24 hours by the attending physician and the physician assuming responsibility for treatment management of the patient in the transitional inpatient care program; and

(2) The patient has been discharged from acute care by the attending physician.

(f) No patient shall be transferred from an acute care hospital to a transitional inpatient care program in a freestanding nursing facility if the patient's attending physician documents in the medical record that transfer would cause physical or psychological harm to the patient.

(g) Transitional inpatient care services shall also be covered for patients transferring directly from a skilled nursing facility level of care, a physician's office, a clinic, or from the emergency room of a general acute care hospital, provided the following criteria are met:

(1) The patient has received a comprehensive medical assessment conducted by a physician;

(2) The physician determines, and documents in the medical record, that the patient has been clinically stable for the 24 hours preceding admission to the transitional inpatient care program; and

(3) The patient shall meet the criteria specified in (i) of this section.

(h) The patient shall be admitted to the transitional inpatient care unit on the order of a physician assuming the responsibility of the treatment management of the patient, with an established diagnosis, and an explicit time-limited course of treatment of sufficient detail as to allow the facility to initiate appropriate assessments and services.

(i) Medical necessity for transitional inpatient care services shall include, but not be limited to, one or more of the following services:

(1) Intravenous therapy, including but not limited to, single or multiple medications, blood or blood products, total parenteral nutrition, pain management or hydration if the clinical record documents failure of other preventive measures, failure or inappropriateness of non-intravenous medications or the patient's inadequate response to attempts to improve hydration orally.

(2) Rehabilitative services, including physical therapy, occupational therapy, and speech therapy shall be provided to:

(A) The transitional rehabilitation patient, as defined in Section 51124.1(c)(1)(B), who, prior to admission to transitional inpatient care, meets all of the following criteria:

1. Has been assessed by a physiatrist or physician otherwise skilled in rehabilitation medicine, who has provided an explicit, time-limited plan of treatment;

2. Has sufficient endurance to participate in a minimum of one hour a day, 5 days per week, of a single or combined rehabilitative therapy, as ordered by a physiatrist or physician otherwise skilled in rehabilitation medicine, provided by, or under the direct supervision of, a licensed or registered therapist; and

3. Has potential to make significant function gain in a reasonable period of time or a caregiver available to participate in short term training that will enable the patient to return safely to a residential environment with the caregiver's assistance.

(B) The transitional medical patient, as defined in Section 51124.1(c)(1)(A), who has a need for rehabilitation therapy as ordered by the physician.

(3) Wound care, including but not limited to, skin ulcers, pressure sores, open surgical sites, fistulas, tube sites and tumor erosion sites requiring the implementation of a wound care plan every eight hours. Wounds that pre-existed at nursing facility-level B, as provided in section 51335, shall not qualify for the transitional inpatient care services. Wound care management, as described in this section, shall require physician prescribed intervention by the licensed nurse and/or physical therapist beyond routine cleansing and dressing.

(4) Respiratory treatments requiring medication administration by a licensed nurse or respiratory therapist at least every six hours.

(5) Traction requiring the assessment and intervention of a licensed nurse or licensed physical therapist at least every eight hours.

(j) Physician services shall be provided in the transitional inpatient care unit in accordance with Section 72303, with the exception of (b)(1) of that section, and shall include:

(1) The physician assuming the responsibility for the treatment management of the patient in the transitional inpatient care unit shall perform the initial medical visit within 24 hours of the patient's admission to the transitional inpatient care unit. For patients admitted from acute care hospitals, if the physician assuming the responsibility for treatment management in transitional care was also the attending physician in the acute care hospital, the initial physician visit shall occur within 72 hours.

(2) The physician assuming the responsibility for treatment management of the patient in the transitional inpatient care unit shall visit the patient twice weekly or more often as the patient's condition warrants while the patient is receiving transitional inpatient care.

(k) A physiatrist, or physician otherwise skilled in rehabilitation medicine, shall determine that the patient has the capacity to benefit from a transitional rehabilitation program and shall be available to provide consultation to the admitting physician, IDT, and the transitional inpatient rehabilitation unit director.

(l) Each transitional inpatient care unit shall have a medical director who is a physician with demonstrated background in caring for the types of patients for whom the unit provides transitional inpatient care services. Responsibilities of the transitional inpatient care unit medical director shall include all of the following:

(1) Act as liaison between facility administration and physicians attending transitional inpatient care patients;

(2) Be responsible for reviewing and evaluating transitional inpatient care administrative and medical care policies and procedures;

(3) Act as a consultant to the head nurse or nurse manager in matters relating to transitional inpatient care services; and

(4) In the absence of a hospital based employee health service, be responsible for reviewing transitional inpatient care unit employees' pre-employment and annual health examination reports.

(m) A certified nurse practitioner may provide non-duplicative services to transitional inpatient care patients in accordance with Sections 51240 and 51241.

(n) A certified family nurse practitioner may provide non-duplicative services to transitional inpatient care patients in accordance with Section 51345.1.

(o) A physician assistant may provide non-duplicative services to transitional inpatient care patients under the supervision of the physician in accordance with Sections 51240 and 51241.

(p) Leave of absence in accordance with Section 51535 shall not be authorized for a patient in the transitional inpatient care unit except for transitional rehabilitation patients when an overnight trial visit is warranted and has been included in the IDT plan of care.

(q) Bedhold in accordance with Section 51535.1 shall be available only for those residents at nursing facility level A or B care who are temporarily absent from the nursing facility due to admission to acute care or transitional inpatient care.

NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14105.981 and 14132.22, Welfare and Institutions Code.

HISTORY

1. New section filed 4-1-96 as an emergency; operative 4-1-96 (Register 96, No. 14). A Certificate of Compliance must be transmitted to OAL by 9-30-96 pursuant to Welfare and Institutions Code section 14132.22 or emergency language will be repealed by operation of law on the following day.
2. Editorial correction of subsection (c), NOTE, and HISTORY 1 (Register 96, No. 35).
3. New section refiled 8-28-96 as an emergency; operative 9-30-96 (Register 96, No. 35). A Certificate of Compliance must be transmitted to OAL by 1-28-97 or emergency language will be repealed by operation of law on the following day.

§ 51335.5. Subacute Care Services.

(a) Subacute care services are a type of skilled nursing facility service which is provided by a subacute care unit which meets the requirements of Sections 51215.5 and 51215.6.

(b) Subacute care services provided in the subacute care unit are covered pursuant to the requirements specified in Sections 51124.5 and 51335(a) through (e) except for (b)(1) and (c)(1).

(c) A Treatment Authorization Request shall be required for each admission to a subacute unit caring for adult patients, and may be granted for a period of up to six months and reauthorized for a period of up to six months.

(d) Medi-Cal beneficiaries at the subacute level of care in the facility shall be visited by their attending physician as provided for in the Manual of Criteria for Medi-Cal Authorization—Subacute Level of Care Criteria, referenced in Title 22, California Code of Regulations, Section 51003(e).

(e) Services to subacute patients shall be covered only on the signed order of the physician responsible for the care of the patient.

(f) Subacute bedhold will be authorized during acute hospitalization of a Medi-Cal beneficiary in accordance with Section 51535.1.

(g) Leave of absence for a Medi-Cal beneficiary at the subacute level of care will be authorized in accordance with Section 51535.

(h) A medical review of all beneficiaries receiving subacute care services shall be performed by a medical review team.

NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14114 and 14132.25, Welfare and Institutions Code.

HISTORY

1. New section filed 6-3-86 as an emergency; effective upon filing (Register 86, No. 23). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-1-86.
2. Section refiled 11-3-86 as an emergency; effective 10-1-86 (Register 86, No. 45). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 1-29-87.
3. Certificate of Compliance including amendment filed 1-20-87 (Register 87, No. 4).
4. Amendment of subsection (e), repealer of subsection (i) and relettering of former subsection (j) to subsection (i) filed 10-27-88 as an emergency; operative 10-27-88 (Register 88, No. 45). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 2-24-89.
5. Certificate of Compliance transmitted to OAL 2-24-89 and filed 3-27-89 (Register 89, No. 13).
6. Amendment of subsections (c), (d), (h) and NOTE filed 4-13-94; operative 4-1-94. Emergency amendment submitted to OAL for printing only pursuant to section 4, AB 36 (chapter 1030, Statutes of 1993) (Register 94, No. 15).
7. Certificate of Compliance as to 4-13-94 order including amendment of section transmitted to OAL 9-26-94 and filed 10-20-94 (Register 94, No. 42).
8. Editorial correction of HISTORY 6 and 7 (Register 95, No. 14).

§ 51335.6. Pediatric Subacute Care Services.

(a) Pediatric subacute care services are a type of skilled nursing facility service, provided in a pediatric subacute care unit which meets the requirements of Sections 51215.6 and 51215.8.

(b) Pediatric subacute care services provided in a pediatric subacute unit in a licensed skilled nursing facility are covered pursuant to the requirements specified in Sections 51124.6 and 51335(a) through (e) and (g) excepting (b)(1), (c)(1), (f), (h), (j), (k), (l), and (m).

(c) A Treatment Authorization Request shall be required for each admission to a subacute unit caring for pediatric patients, and may be granted for a period of up to six months and reauthorized for a period of up to six months.

(d) Pediatric subacute bedhold days will be authorized in accordance with Section 51535.1.

(e) Leave of absence for a Medi-Cal beneficiary in the pediatric subacute unit will be authorized in accordance with Section 51535.

(f) Pediatric subacute services shall be covered only when care is provided in the pediatric subacute unit of the nursing facility.

NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14114 and 14132.25, Welfare and Institutions Code.

HISTORY

1. New section filed 4-13-94 as an emergency; operative 4-1-94. Emergency adoption submitted to OAL for printing only pursuant to section 4, AB 36 (chapter 1030, Statutes of 1993) (Register 94, No. 15).
2. Certificate of Compliance as to 4-13-94 order including amendment of section transmitted to OAL 9-26-94 and filed 10-20-94 (Register 94, No. 42).
3. Editorial correction of HISTORY 1 and 2 (Register 95, No. 14).

§ 51336. Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities.

(a) Specialized rehabilitative services shall be covered in accordance with the standards of medical necessity as set forth in Section 51303(a). Such service shall include the medically necessary continuation of treatment services initiated in the hospital or short term intensive therapy expected to produce recovery of function leading to either (1) a sustained higher level of self care and discharge to home or (2) a lower level of care. Specialized rehabilitation service shall be covered contingent upon compliance with the following requirements:

(1) The services shall be ordered by the beneficiary's attending physician. The physician's signed order, specifying the care to be given, shall be on the beneficiary's chart. A copy of the order shall be made available for departmental review upon request:

(2) The services require prior authorization by the Medi-Cal consultant for the district in which the facility is located. The authorization request may be initiated by the therapist;

(3) The authorization request shall be accompanied by a treatment plan, signed by the attending physician, which shall include the following:

(A) Principal and significant diagnoses;

(B) Prognosis;

(C) Date of onset of illness or injury;

(D) Specific type, number, and frequency of services to be performed by each discipline;

(E) Therapeutic goals of the service provided by each discipline and anticipated duration of treatment;

(F) Extent of and benefits or improvements demonstrated by any previous provision of physical therapy, occupational therapy, speech pathology or audiology services;

(4) Authorization for rehabilitative services shall be contingent upon compliance with the following requirements:

(A) The direct and specific relationship of the services to the written treatment plan prescribed by the physician after necessary consultation with the qualified physical therapist, occupational therapist, speech pathologist or audiologist;

(B) Complexity and sophistication of the level of service, or condition of the beneficiary which requires the judgement, knowledge and skills of a therapist;

(C) Provision of the services with the expectation that the beneficiary will improve significantly in a reasonable, and generally predictable, period of time; or in order to establish an effective maintenance program for a specific disease state;

(D) Performance of the services by the qualified therapist specified in (a)(4)(A) above;

(E) Consideration of the services, under accepted standards of medical practice, to be a specific and effective treatment for beneficiary's condition;

(F) Reasonableness and necessity of the services for treatment of the beneficiary's condition.

(5) Professional therapy necessary to establish or periodically reevaluate a palliative or maintenance program may be authorized. Services under treatment programs not requiring the skills of a qualified therapist shall not be separately payable or authorized.

(6) No more than 30 treatments shall be authorized at any one time. Authorizations shall be valid for up to 120 days. A request for reauthorization shall include a statement describing the beneficiary's progress toward achieving the therapeutic goals included in the treatment plan.

NOTE: Authority cited: Sections 14105, 14124.5 and 14132, Welfare and Institutions Code; and Section 57(c), Chapter 328, Statutes of 1982. Reference: Sections 14053, 14132, and 14133.3, Welfare and Institutions Code.

HISTORY

1. New section filed 9-12-75 as an emergency; effective upon filing (Register 75, No. 37).

2. Certificate of Compliance filed 1-8-76 (Register 76, No. 2).

3. Amendment of subsection (a)(5) filed 1-16-76; effective thirtieth day thereafter (Register 76, No. 3).
4. Amendment of subsection (a) filed 8-8-78; effective thirtieth day thereafter (Register 78, No. 32).
6. Certificate of Compliance transmitted to OAL 12-30-82 and filed 2-7-83 (Register 83, No. 7).
7. Amendment filed 6-22-87; operative 7-22-87 (Register 87, No. 27).

§ 51337. Home Health Agency Services.

(a) Home health agency services are covered as specified below when prescribed by a physician and provided at the home of the beneficiary in accordance with a written treatment plan which the physician reviews every 60 days. The plan shall indicate a need for one or more of the following:

- (1) Part-time or intermittent skilled nursing services by licensed nursing personnel.
- (2) In-home medical care services as provided in Section 14132(t) of the Welfare and Institutions Code.
- (3) Physical, occupational, or speech therapy.
- (4) Medical social services.
- (5) The services of a home health aide.
- (6) Provision of medical supplies, other than drugs and biologicals.
- (7) The use of medical appliances, provided for under an approved treatment plan.

(b) One visit in a six-month period for evaluation of the patient is covered without prior authorization. More than one visit in a six-month period is subject to prior authorization. The request for prior authorization for additional visits shall be accompanied by a written treatment plan approved and signed by the physician. This shall include the following:

- (1) The principal diagnosis and significant associated diagnoses.
- (2) Prognosis.
- (3) Date of onset of the illness.
- (4) Specific types of services to be rendered by each discipline.
- (5) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals.
- (6) The extent to which home health agency care has been previously provided, and benefits or improvements demonstrated by prior care.
- (7) A description of the home situation, to include whether assistance is available from household members, homemakers, attendants, or others.

(8) A reauthorization request shall include a statement describing the patient's progress toward achieving the therapeutic goals.

(c) Authorizations may be granted for home health agency services only when the beneficiary's medical condition requires either home nursing care or other covered service, exclusive of physician services.

(d) A maximum of 30 visits may be authorized at any one time and authorizations shall be valid for up to 120 days. When the Department contracts with an agency to provide in-home medical services, the scope, duration, and cost of services will be defined in a written agreement between the provider agency and the Department of Health Services.

(e) In areas serviced by a home health agency, all home health agency services shall be limited to those provided by approved home health agencies as defined in Sections 51125, 51145 and 51217.

(f) In areas determined by the Director not to be serviced by a home health agency, part-time or intermittent skilled nursing care may be furnished by any qualified provider using the services of a registered nurse. These services shall be subject to the same limitations as described in this section and to the same requirements for prior authorization and reimbursement as home health agency services.

NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code; and Section 208, Health and Safety Code. Reference: Section 14132, Welfare and Institutions Code; and Section 1727, Health and Safety Code.

HISTORY

1. Repealer of subsection (f) filed 8-8-78; effective thirtieth day thereafter (Register 78, No. 32). For prior history, see Register 72, No. 18.
2. Amendment filed 7-24-79 as an emergency; effective upon filing (Register 79, No. 30).

3. Certificate of Compliance transmitted to OAH 11-20-79 and filed 11-29-79 (Register 79, No. 48).
4. Amendment filed 7-7-86; effective thirtieth day thereafter (Register 86, No. 28).
5. Editorial correction of subsection (c) (Register 95, No. 45).

§ 51338. Home Health Aide Services.

HISTORY

1. New section filed 6-5-67 as an emergency; effective upon filing. Certificate of Compliance filed 6-9-67 (Register 67, No. 23).
2. Amendment filed 5-31-68; effective thirtieth day thereafter (Register 68, No. 21).
3. Amendment filed 11-15-68; effective thirtieth day thereafter (Register 68, No. 43).
4. Repealer filed 9-27-72; designated effective 11-1-72 (Register 72, No. 40).

§ 51339. Special Duty Nursing.

HISTORY

1. Amendment filed 5-8-69; effective thirtieth day thereafter (Register 69, No. 19). For prior history, see Register 67, No. 52.
2. Repealer filed 9-30-71 as an emergency; designated effective 10-1-71 (Register 71, No. 40).
3. Certificate of Compliance—Sec. 11422.1, Gov. Code, filed 1-25-72 (Register 72, No. 5).
4. Editorial correction of HISTORY 1 and 3 (Register 95, No. 45).

§ 51340. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services and EPSDT Supplemental Services.

(a) EPSDT screening services as defined in Section 51184(a)(1) are a program benefit when provided through the Child Health and Disability Prevention program in accordance with Title 17, California Code of Regulations, Sections 6800 et seq. EPSDT screening services as defined in Sections 51184(a)(2) and (a)(3) are covered when provided by a certified Medi-Cal provider meeting the requirements of this chapter, if such services are otherwise reimbursable under the program.

(b) EPSDT diagnosis and treatment services as defined in Section 51184(b) are covered subject to the provisions of this chapter.

(c) EPSDT supplemental services are covered subject to prior authorization if the requirements of subsections (e) or (f), as appropriate, are met. The Department shall review requests for services resulting from EPSDT screening services for compliance with this section whether the screen was performed by a Medi-Cal provider or a non-Medi-Cal provider.

(d) Requests for prior authorization for EPSDT supplemental services pursuant to subsection (c) shall state explicitly that the request is for EPSDT supplemental services, and shall be accompanied by the following information:

- (1) The principal diagnosis and significant associated diagnoses.
- (2) Prognosis.
- (3) Date of onset of the illness or condition, and etiology if known.
- (4) Clinical significance or functional impairment caused by the illness or condition.
- (5) Specific types of services to be rendered by each discipline with physician's prescription where applicable.
- (6) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals.
- (7) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care.

(8) Any other documentation available which may assist the Department in making the determinations required by this section.

(e) EPSDT supplemental services must meet one of the following standards, as determined by the Department:

(1) The standards and requirements set forth in Sections 51003 and 51303, and any specific requirements applicable to a specific service that are based on the standards and requirements of those sections other than the service-specific requirements set forth in Section 51340.1.

(2) The service-specific requirements applicable to EPSDT Supplemental Services set forth in Section 51340.1.

1600 - 9TH STREET
SACRAMENTO, CA 95814
(916) 657-5321



1. **DIAGNOSIS:** Any ONE diagnosis of the following major mental illnesses within the last two years:
 - a.
 - Schizophrenia;
 - paranoia;
 - mood and depressive disorders;
 - panic or other severe anxiety disorders;
 - somatoform disorders;
 - personality disorders;
 - other psychotic disorders; or
 - other mental disorders that may lead to a chronic disability
 - b. Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.

2. **LEVEL OF IMPAIRMENT:** Within the past 3 - 6 months, the resident experienced or exhibited functional limitation in a major life activity that would be appropriate for their age and developmental state, in at least ONE of the following:
- a. **INTERPERSONAL FUNCTIONING:** Serious difficulty interacting appropriately and communicating effectively with other persons, possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
 - b. **CONCENTRATION, PERSISTENCE, and PACE:** Serious difficulty in focused attention for long enough periods to permit completion of tasks commonly found in work settings or in work-like structured activities in school or home settings, difficulties in concentration, inability to complete simple tasks within established time periods, makes frequent errors, or requires assistance in the completion of these tasks.
 - c. **ADAPTATION TO CHANGE:** Serious difficulty in adapting to typical changes in circumstances with work, school, family, or social interactions, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.
3. **RECENT TREATMENT:** Within the past two (2) years, the resident experienced at least ONE of the following:
- a. More than one PSYCHIATRIC TREATMENT, more intensive than outpatient care, (e.g. partial or inpatient hospitalization); or
 - b. due to MENTAL ILLNESS, experienced an episode of significant disruption to their normal living situation, for which supportive services were required 1) to maintain functioning at home or in a residential treatment setting, or 2) which resulted in intervention by housing or law enforcement officials.

PAS/PASARR LEVEL I SCREENING DOCUMENT, DHS 6170

For residents who meet the SMI criteria, the completed PAS/PASARR Level I Screening Document, DHS 6170 should be mailed **within five (5) working days** to:

Department of Mental Health
Attention: PASARR Section
1600 9th Street, Room 250
Sacramento, California 95814
(916) 654-6162

DEPARTMENT OF MENTAL HEALTH

1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 657-5321

APPENDIX III

**PREADMISSION SCREENING AND RESIDENT REVIEW/MENTAL ILLNESS
(PASARR/MI) LEVEL II EVALUATION**

SPECIALIZED SERVICES CRITERIA

SPECIALIZED SERVICES DEFINITION

Specialized services is the highest level of mental health therapies and activities prescribed for the treatment of residents experiencing an acute episode of serious mental illness. Specialized services is the continuous and aggressive implementation of an individualized plan of care that is:

1. Developed under and supervised by a physician with an interdisciplinary team of qualified mental health professionals.
2. Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which requires 24-hour supervision by trained mental health personnel.
3. Directed toward diagnosis, reduction of behavioral symptoms, improvement in the level of independent functioning, and achievement of a functional level that permits the resident's return to a lower level of psychiatric rehabilitative services.

CRITERIA

Specialized services is recommended when a Medicaid nursing facility (NF) resident is experiencing an acute episode of serious mental illness.

TREATMENT SERVICES

Specialized services is provided in the following facility types:

1. Acute psychiatric hospital; for residents who also have medical conditions that require inpatient medical care.
2. Psychiatric Health Facility; for residents with no medical necessity or medical conditions that can be managed on an outpatient basis.

**PREADMISSION SCREENING AND RESIDENT REVIEW/
MENTAL ILLNESS (PASARR/MI) LEVEL II EVALUATION DOCUMENT**

MH 1733 (7/98)

PAGE 1.4

PLEASE INDICATE IN PEN ONLY YOUR RESPONSE TO EACH QUESTION BY CHECKING THE APPROPRIATE BOX OR BY PROVIDING INFORMATION IN THE INDICATED SPACEReason Assessment Was Not Completed: 1 ☐ Attempt 2 ☐ Suspend

Reason: _____

IDENTIFICATION

01. DMH ID NUMBER	<input type="text"/>	02. MEDICAL ID NUMBER	<input type="text"/>
03. SOCIAL SECURITY NUMBER	<input type="text"/>		
04. RESIDENT NAME LAST	<input type="text"/>	FIRST	<input type="text"/> MI <input type="text"/>
05. DATE OF BIRTH MM	<input type="text"/>	DD	<input type="text"/> YYYY <input type="text"/>
06. SEX	MALE <input type="checkbox"/>	FEMALE	<input type="checkbox"/>
07. LANGUAGE UTILIZED FOR THE EVALUATION a. RESIDENT'S LANGUAGE _____			
b. INTERPRETER'S NAME _____ c. INTERPRETER'S RELATIONSHIP _____			
08. FACILITY NAME	09. FACILITY NUMBER <input type="text"/>		
10. DATE OF CURRENT NF ADMISSION MM	<input type="text"/>	DD	<input type="text"/> YYYY <input type="text"/>
11. MONTHS IN CURRENT NF	<input type="text"/>	12. LEGAL CLASS CODE	<input type="text"/>
13. DATE OF LEVEL I SCREENING MM	<input type="text"/>	DD	<input type="text"/> YYYY <input type="text"/>
14. DATE OF LEVEL II SCREENING MM	<input type="text"/>	DD	<input type="text"/> YYYY <input type="text"/>

DSM-IV MULTIAXIAL CLASSIFICATION

15. Axis I. Clinical Disorders	<input type="text"/>
Axis II. Personality Disorder/MR	<input type="text"/>
Axis III. General Medical Conditions	<input type="text"/>
Axis IV. Psychosocial/Environmental	<input type="text"/>
Axis V. Global Assessment Functioning (GAF): Highest Past Year	<input type="text"/>
Current	<input type="text"/>

CURRENT MENTAL STATUS EXAMINATION

Appearance, Attitude, Behavior	None	Mild	Moderate	Severe
16. Untidy/Unkempt	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. Uncooperative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. Belligerent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. Agitation/Excitement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. Anxiety/Restlessness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. Inappropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. Withdrawn/Psychomotor Retardation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Thought Process:

23. Incoherent/Irrelevant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. Blocking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. Mutism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. Flight of Ideas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. Disorientation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Emotional Status:

28. Inappropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
29. Flat/Blunted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. Depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	None	Mild	Moderate	Severe
31. Elated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
32. Liable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Thought Content:				
33. Hallucinations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
34. Delusions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
35. Ideas of Reference	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
36. Suicidal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
37. Homicidal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Current Cognitive Status:

38. a. Attention Deficit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Short Term Memory Deficit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Long Term Memory Deficit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Poor Concentration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Problem in Abstraction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Poor Insight	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Poor Judgement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
39. Overall Severity of Psychiatric Illness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PSYCHIATRIC HISTORY

	Unknown	None	Mild	Moderate	Severe
40. a. Drug Abuse	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Alcohol Abuse	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
41. Age at onset of mental illness	<input type="text"/>				
42. Primary living situation (more than 6 months) during past year:					
1 <input type="checkbox"/> State Hospital	3 <input type="checkbox"/> Board and Care	5 <input type="checkbox"/> Independent Living			
2 <input type="checkbox"/> Nursing Facility	4 <input type="checkbox"/> With Family	6 <input type="checkbox"/> Other <input type="text"/>			
43. No. of psychiatric hospitalizations in past two years	<input type="text"/>				
	0-30 Days	31-60 Days	61-90 Days		
44. No. of suicide attempts in past	<input type="text"/>	<input type="text"/>	<input type="text"/>		
45. No. of assaultive incidents in past	<input type="text"/>	<input type="text"/>	<input type="text"/>		
46. No. of AWOL or attempts in past	<input type="text"/>	<input type="text"/>	<input type="text"/>		
47. No. of PRN psychiatric medications in past	<input type="text"/>	<input type="text"/>	<input type="text"/>		
48. Response to psychiatric medications.	1 <input type="checkbox"/> Good	2 <input type="checkbox"/> Fair	3 <input type="checkbox"/> Poor	4 <input type="checkbox"/> N/A	

PSYCHIATRIC MEDICATIONS

49. Psychiatric medications taken during the past year:

Name	Code	Total Daily Dose in Milligrams	Reg.	PRN
a. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Long acting psychiatric medication:

Code	Dose (MG)
e. <input type="text"/>	<input type="text"/>

Times Per: ☐ wk ☐ 2 wks ☐ 3 wks ☐ mo

50. Current psychiatric medications:

Name	Code	Total Daily Dose in Milligrams	Reg.	PRN
a. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Long acting psychiatric medication:

Code	Dose (MG)
g. <input type="text"/>	<input type="text"/>

Times Per: ☐ wk ☐ 2 wks ☐ 3 wks ☐ mo

51. Is resident taking any non-psychiatric medication(s) that may mask symptoms of mental illness? Yes ☐ No ☐
- Specify
52. Is resident taking any non-psychiatric medication(s) that might mimic psychiatric symptoms? Yes ☐ No ☐
- Specify

CURRENT PLACEMENT POTENTIAL

- | | Independent | With Supervision | With Asst | Not Able |
|---|------------------------------|-----------------------------|----------------------------|----------------------------|
| 53. If placed in the community could the resident: | | | | |
| a. Obtain food | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Prepare a meal | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Obtain shelter | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Clean residence | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Obtain clothing | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Do laundry | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Take medication | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Budget money | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Keep clinic appointments | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Seek medical assistance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. Maintain employment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. Use public transportation | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. Participate in community activities. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 54. If placed in the community would the resident refrain from: | | | | |
| a. Drug abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| b. Alcohol abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| c. Assaultive behavior | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| d. Verbal abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| e. Inappropriate sexual behavior | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| f. Fire setting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| g. Property destruction | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 55. Would the resident cooperate with placement in the community? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 56. Has the resident been free of placement problems in the community? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| a. Has the resident been treated in an NF/STP facility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| b. If yes, was the resident successful in the program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 57. Does the resident have friends or relatives to provide care in the community? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |

PHYSICAL HEALTH HISTORY

58. Current physical health problems:

- | | |
|---|---|
| 0 <input type="checkbox"/> None | 16 <input type="checkbox"/> Cancer of Major Organ/System |
| 1 <input type="checkbox"/> Impaired Vision | 17 <input type="checkbox"/> Decubitus Ulcers |
| 2 <input type="checkbox"/> Impaired Hearing | 18 <input type="checkbox"/> Fractures |
| 3 <input type="checkbox"/> Impaired Speech | 19 <input type="checkbox"/> Arthritis |
| 4 <input type="checkbox"/> Hypertension | 20 <input type="checkbox"/> Osteoporosis |
| 5 <input type="checkbox"/> Cardiac Arrhythmia | 21 <input type="checkbox"/> Tardive Dyskinesia |
| 6 <input type="checkbox"/> Congestive Heart Failure (CHF) | 22 <input type="checkbox"/> Seizure Disorder |
| 7 <input type="checkbox"/> Other Cardiovascular Disorders | 23 <input type="checkbox"/> Alzheimer's Disease |
| 8 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | 24 <input type="checkbox"/> Dementia other than Alzheimer's |
| 9 <input type="checkbox"/> Other Respiratory Disorders | 25 <input type="checkbox"/> Huntington's Disease |
| 10 <input type="checkbox"/> Gastrointestinal Disorders | 26 <input type="checkbox"/> Parkinson's Disease |
| 11 <input type="checkbox"/> Genitourinary Disorders | 27 <input type="checkbox"/> CVA-Stroke |
| 12 <input type="checkbox"/> Obesity | 28 <input type="checkbox"/> Traumatic Brain Injury |
| 13 <input type="checkbox"/> Diabetes | 29 <input type="checkbox"/> Weakness/Paralysis |
| 14 <input type="checkbox"/> Thyroid Disorder | 30 <input type="checkbox"/> Multiple Sclerosis |
| 15 <input type="checkbox"/> Other Endocrine Disorders | |
| 31 <input type="checkbox"/> Other _____ | |

59. Skilled nursing procedures required:

- | | |
|--|--|
| 0 <input type="checkbox"/> None | 9 <input type="checkbox"/> Suctioning |
| 1 <input type="checkbox"/> Restraints | 10 <input type="checkbox"/> IV Feeding/Fluids |
| 2 <input type="checkbox"/> Oxygen Therapy | 11 <input type="checkbox"/> Parenteral Medications |
| 3 <input type="checkbox"/> Ventilator/Respirator | 12 <input type="checkbox"/> Tube Feeding |
| 4 <input type="checkbox"/> Tracheostomy Care | 13 <input type="checkbox"/> Special Diet |
| 5 <input type="checkbox"/> Catheter/Ostomy Care | 14 <input type="checkbox"/> Incontinence Care |
| 6 <input type="checkbox"/> Dialysis | 15 <input type="checkbox"/> Physiotherapy |
| 7 <input type="checkbox"/> Intake/Output | 16 <input type="checkbox"/> Insulin Treatment |
| 8 <input type="checkbox"/> Decubitus Care | |
| 17 <input type="checkbox"/> Other _____ | |

60. Incontinence of urine Never Occasionally Frequently
 1 ☐ 2 ☐ 3 ☐

61. Incontinence of feces 1 ☐ 2 ☐ 3 ☐

62. Physical health aids used or required:

- | | |
|--|--|
| 0 <input type="checkbox"/> None | |
| 1 <input type="checkbox"/> Eyeglasses | 3 <input type="checkbox"/> Dentures |
| 2 <input type="checkbox"/> Hearing Aid | 4 <input type="checkbox"/> Other _____ |

63. Ambulation:

- | Fully Independent | Unsteady | Uses Cane or Walker | Walks Only W/ Assistance | Uses Wheel Chair | Chair-fast or Needs Posey Support | Bed-fast |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| | | | | | | 8 <input type="checkbox"/> |

64. Personal care activities:

	Fully Independent	Needs Reminders	Needs Supervision	Needs Physical Assist	Needs Total Care
a. Bathing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Dressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Grooming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Eating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Using Toilet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

PHYSICAL EXAMINATION

65. Physical examination within last 90 days Yes No
☐ ☐

66. Date of last physical examination MM DD YYYY

67. Vital Signs:

a. Blood Pressure _____ c. Respiratory Rate _____
 b. Pulse Rate _____

68. Physical Appearance Good Fair Poor
 1 ☐ 2 ☐ 3 ☐

69. Systemic Examination:

	FINDING			SOURCE	
	Normal	Abnormal	Exam	Record	Not Done
a. HEENT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Skin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Chest/Heart	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Respiratory	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Gastrointestinal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Rectal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Genitourinary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Musculoskeletal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Lymphatic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Neurological:					
1. Cranial nerves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Sensory	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Motor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Reflexes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Gait	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

70. Physical Examination Comments:

72. Indicate the rehabilitation potential of the resident 1 ☐ Good 2 ☐ Fair 3 ☐ Poor

	Currently Receiving	Recommended		Currently Receiving	Recommended
1. None	1 <input type="checkbox"/>	2 <input type="checkbox"/>	6. Family therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Psychotropic medication education/monitoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7. Cognitive behavioral therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Independent medication management/training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8. ADL training/reinforcement	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Individual psychotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9. Rehabilitation activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Supportive group psychotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	10. Substance rehabilitative services	1 <input type="checkbox"/>	2 <input type="checkbox"/>

11. Behavioral modification program for: _____

12. Other: Recommended _____

1 ☐ Acute psychiatric hospital 3 ☐ Nursing facility with Specialized Treatment Program (STP) 5 ☐ Board and care facility

2 ☐ Psychiatric Health Facility (PHF) 4 ☐ Nursing facility 6 ☐ Other _____

If 1 or 2 is selected,
IMMEDIATELY (within 4 hours)
fax the assessment (DMH 1733)
to the Contractor's office for
immediate attention.

75. a. Evaluation time: _____ b. Round trip mileage: _____

PRINT NAME (FIRST) _____ (LAST) _____ DATE MM _____ DD _____ YYYY _____

X _____ TITLE _____
SIGNATURE

PRINT NAME (FIRST) _____ (LAST) _____ DATE MM _____ DD _____ YYYY _____

X _____ TITLE _____
SIGNATURE

PRINT NAME (FIRST) (LAST) DATE MM DD YYYY

X
SIGNATURE



PAS/PASARR LEVEL I SCREENING DOCUMENT

Federal Law prohibits payment for nursing facility services until PAS/PASARR screening has been done. This screening must be completed before or on the date of admission or payment cannot be made for care provided. Please complete all sections of this form that apply except for those marked FOR STATE USE ONLY.



SEE INSTRUCTIONS ON REVERSE SIDE.

SECTIONS I THROUGH VII MUST BE COMPLETED.

Please Print or Type

Prescreen	<input type="checkbox"/>
Status Change	<input type="checkbox"/>

I. CLIENT DATA

1. Name—Last:	First:	Middle Initial:
2. Medi-Cal ID No.:	3. Date of Birth:	4. Date of Last Physical Examination:
<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Primary Diagnosis for Admission to NF:		

LEVEL I EVALUATION

<h3>II. WHY COMMUNITY PLACEMENT IS NOT AN OPTION</h3> <p>(Check All That Apply)</p> <p>6. <input type="checkbox"/> Change in Medical, Mental, and Physical Functioning Capability</p> <p>7. <input type="checkbox"/> Caregiver Unavailable</p> <p>8. <input type="checkbox"/> Community Resources Unavailable</p> <p>9. <input type="checkbox"/> Client or Family Choice</p> <h3>III. IDENTIFYING CRITERIA FOR MENTAL ILLNESS</h3> <p>(Answer Yes or No To All Questions)</p> <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No MI Diagnosis (Excluding Dementia) If Yes, Describe: _____</p> <p>11. Serious Difficulty Within the Past 3–6 Months in Any One of the Following as a Result of MI:</p> <p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No Interpersonal Functioning</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No Concentration, Persistence, Pace</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No Adaptation to Change</p> <p>12. Experienced One of the Following Within Past 2 Years:</p> <p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No Hospitalization for Psychiatric Treatment</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No Serious Disruption—Treatment/Supportive Services</p> <p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No Referred by County Mental Health</p>	<h3>IV. IDENTIFYING CRITERIA FOR DEVELOPMENTAL DISABILITY</h3> <p>(Answer Yes or No to Each Question)</p> <p>14. <input type="checkbox"/> MR Diagnosis: _____</p> <p>15. History of MR/Developmental Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>16. Any Presenting Evidence to Indicate MR? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>17. Referred by Regional Center? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <h3>V. LEVEL II REFERRAL DATA</h3> <p>(Referral Should Be Mailed Within Five (5) Working Days of Evaluation)</p> <p>18. Referral Date _____</p> <p>19. a. <input type="checkbox"/> DMH Referral Required if Number 10 Shows an MI Diagnosis and Numbers 11–12 are Both Answered With at Least One Yes Answer.</p> <p>b. <input type="checkbox"/> DDS Referral Required if Any One of Numbers 14–17 are Answered Yes.</p> <p>c. <input type="checkbox"/> No Referral Necessary.</p>
<h3>VI. FORM COMPLETION</h3> <p>Form Completed By _____</p> <p>Date of Completion _____</p> <p>Representing Facility _____</p> <p>Telephone Number _____ Ext. _____</p>	<h3>VII. RECEIVING FACILITY</h3> <p>Receiving Facility _____</p> <p>Address _____</p> <p>ZIP Code _____</p> <p>Telephone Number _____ Ext. _____</p> <p>FAX Number _____</p> <p>Admission Date _____</p>

FOR STATE USE ONLY

<h3>VIII. DMH USE ONLY</h3> <p>Override _____</p> <p>Date Received _____</p> <p>Facility No. _____</p> <p>County No. _____</p> <p>Contractor No. _____</p>	<h3>IX. DDS USE ONLY</h3> <p>RC Name _____</p> <p>UCI _____</p> <p>Date _____</p> <p>Status _____</p> <p>Disposition _____</p>	<h3>X. LEVEL II COMPLETION</h3> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p> <p>Determination _____</p>
<h3>XI. ANNUAL RESIDENT REVIEW</h3> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p> <p>Determination _____</p>	<h3>XII. ANNUAL RESIDENT REVIEW</h3> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p> <p>Determination _____</p>	<h3>XIII. ANNUAL RESIDENT REVIEW</h3> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p> <p>Determination _____</p>

PAS/PASARR LEVEL I INSTRUCTIONS/EXPLANATION

All information should be printed or typed. Appropriate MI/MR referral should be mailed within five (5) working days of completion of DHS 6170.

LEVEL I SCREENING CAN BE COMPLETED BY:

- Delegated Hospital Provider.
- Nursing Facility (NF)/Nursing Staff.
- Health Services Medi-Cal Nursing Staff.

LEVEL I FORM DISTRIBUTION:

- Original (White Copy) - Patient's chart.
- Yellow Copy - DMH or DDS, if applicable.
- Pink Copy - With TAR to Field Office.
- Goldenrod Copy - Facility.

PRESCREEN OR STATUS CHANGE:

- Prescreen - check if first or admission to Medi-Cal NF System.
- Status change - check if marked or significant change in resident's mental health/retardation condition. Note: Do not refer ARR to DMH/DDS.

I. CLIENT DATA

1. Beneficiary name: last, first, middle initial.
2. Enter 14-digit Medi-Cal number.
3. Date of birth: month, day, year.
4. Date of last physical: month, day, year.
5. Enter primary (main) diagnosis for admission to NF.

II. WHY COMMUNITY PLACEMENT IS NOT AN OPTION

Indicate appropriate condition that prevents placement with community resources.

III. IDENTIFYING CRITERIA FOR MENTAL ILLNESS (LEVEL II REFERRAL)

10. - 12. Please answer these questions based on the patient's current condition and the most recent history and physical. A diagnosis entered in number 10 and a yes answer in both 11 and 12 indicates a need for referral to DMH for Level II evaluation. Refer to Mental Illness "triggers" if necessary.
10. Enter any Mental Illness diagnosis, excluding dementia.
- 11.a. "Interpersonal functioning" Definition: inability to interact appropriately and communicate effectively with others.
- 11.b. "Concentration, persistence, and pace" Definition: inability to complete a simple task in a timely manner.
- 11.c. "Adaptation to change" Definition: typical changes in circumstances at work, school, family, or society causing exacerbation of signs and symptoms of mental illness.
- 12.a. "Hospitalization for psychiatric treatment" Definition: psychiatric treatment more intense than outpatient care.
- 12.b. "Serious disruption" Definition: episode of significant disruption which requires assistance in functioning at home or at a residential treatment setting.

IV. IDENTIFYING CRITERIA FOR DEVELOPMENTAL DISABILITY

14. - 16. Please answer these questions based on the patient's current condition and the most recent history and physical. Any Yes answer indicates a need for referral at DDS. Refer to Mental Retardation "triggers" if necessary.

V. LEVEL II REFERRAL DATA

Enter referral date and referral agency, if applicable.

VI. LEVEL I SCREEN COMPLETION

Enter name of person completing form, facility name, telephone number, and completion date.

VII. RECEIVING FACILITY

Enter nursing facility name, address, telephone number, and admission date.

VIII. - XII. FOR STATE USE ONLY

APPENDIX VI

PASARR/MI LEVEL II EVALUATION - DOCUMENTATION OF COMPLETION

1. CONTRACTOR: _____
2. EVALUATOR: _____
3. FACILITY: _____
4. PATIENT LAST NAME: _____
5. PATIENT FIRST NAME: _____
6. DATE OF BIRTH: _____
7. MEDI-CAL ID NUMBER: _____
8. LEVEL I COMPLETION DATE: _____
9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASARR/MI LEVEL II evaluation on the above named patient. DMH requires that all evaluators complete Section x of the PAS/PASARR Screening Document (DHS 6170) upon completion of the PASARR Level II evaluation. No PAS/PASARR Screening Document could be located in the patient's chart. Therefore, please include this form in the patient's chart to document completion of the PASARR/MI Level II evaluation.

DEPARTMENT OF MENTAL HEALTH

1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 657-5321

APPENDIX VII**DEMENTIA CRITERIA**

The DSM-IV criteria for dementia includes loss of intellectual abilities and impairment of memory. These symptoms will be noted during the mental status examination on testing for comprehension, calculation, knowledge, and memory. The resident with dementia is forgetful, has difficulty learning new material, and will often try to minimize or deny deficits. Recent memory is worse than remote memory. The resident may not be able to recall the names of three objects after five minutes but may have excellent recall of events that occurred in childhood.

DSM-IV DIAGNOSTIC CRITERIA FOR DEMENTIA

- A. Demonstrates evidence of impairment in short- and long-term memory. Impairment in short-term memory (inability to learn new information) may be indicated by inability to remember three objects after five minutes. Long-term memory impairment (inability to remember past personal information (e.g., what happened yesterday, birthplace, occupation) or facts of common knowledge (e.g., past presidents, well-known dates).
- B. Demonstrates at least one of the following:
 - 1. Impairment in abstract thinking as indicated by inability to find similarities and differences between related words, difficulty in defining words and concepts, and other similar tasks.
 - 2. Impaired judgment, as indicated by inability to make reasonable plans to deal with interpersonal, family, and job-related problems and issues.
 - 3. Other disturbances of higher cortical function, such as aphasia (disorder of language), apraxia (inability to carry out motor activities despite intact comprehension and motor function), agnosia (failure to recognize or identify objects despite intact sensory function), and "constructional difficulty" (e.g., inability to copy three dimensional figures, assemble blocks or arrange sticks in specific designs).
 - 4. Personality change, i.e., alteration or accentuation of premorbid traits.
- C. The disturbance in criterion A or criterion B significantly interferes with work or usual social activities or relationships with others.
- D. Not occurring exclusively during the course of delirium.

E. Either 1 or 2:

1. There is evidence from the history, physical examination or laboratory tests of a specific organic factor (or factors) judged to be etiologically related to the disturbance.
2. In the absence of such evidence, an etiologic organic factor can be presumed if the disturbance cannot be accounted for by any inorganic mental disorder, e.g., major depression accounting for cognitive impairment.

DIFFERENTIATION OF PSEUDODEMENTIA AND DEMENTIA

Pseudodementia

- Sudden Onset
- Prior psychiatric illness
- Vegetative signs
- Resident exposes cognitive deficits
- Resident responds “I don’t know”
- Marked variability in cognitive performance
- Recent and remote memory equally poor
- Sundowning rare

Dementia

- Gradual onset
- No prior psychiatric illness
- No vegetative signs
- Resident conceals cognitive deficits
- Resident gives near-miss answers
- Consistently poor in cognitive performance
- Recent memory worse than remote memory
- Sundowning common

Reference: Review of General Psychiatry
H.H. Goldman, 2nd Edition

Global Assessment of Functioning Scale (GAF Scale)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.

Code

- | | |
|--------------------|--|
| 90

81 | Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members). |
| 80

71 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work). |
| 70

61 | Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships. |
| 60

51 | Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers). |
| 50

41 | Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job). |
| 40

31 | Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school). |
| 30

21 | Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends). |
| 20

11 | Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute). |
| 10

1 | Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death. |

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- 11.b. "Concentration, persistence, and pace" Definition: inability to complete a simple task in a timely manner.
- 11.c. "Adaptation to change" Definition: typical changes in circumstances at work, school, family, or society causing exacerbation of signs and symptoms of mental illness.
- 12.a. "Hospitalization for psychiatric treatment" Definition: psychiatric treatment more intense than outpatient care.
- 12.b. "Serious disruption" Definition: episode of significant disruption which requires assistance in functioning at home or at a residential treatment setting.

IV. IDENTIFYING CRITERIA FOR DEVELOPMENTAL DISABILITY

14. - 16. Please answer these questions based on the patient's current condition and the most recent history and physical. Any Yes answer indicates a need for referral at DDS. Refer to Mental Retardation "triggers" if necessary.

V. LEVEL II REFERRAL DATA

Enter referral date and referral agency, if applicable.

VI. LEVEL I SCREEN COMPLETION

Enter name of person completing form, facility name, telephone number, and completion date.

VII. RECEIVING FACILITY

Enter nursing facility name, address, telephone number, and admission date.

VIII. - XII. FOR STATE USE ONLY

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APPENDIX IX

MEDICATION CODES

<u>Trade Names</u>	<u>Generic Names</u>	<u>Code Number</u>
Antipsychotic Medications		
Chlor-PZ	Chlorpromazine	110
Clozaril	Clozapine	191
Compazine	Prochlorperazine	130
Endep	"	310
Etrafon	Perphenazine/Amitriptyline	192
Haldol	Haloperidol	102
Haldol Decanoate	Haloperidol Decanoate	102
Loxitane	Loxapine	170
Mellaril	Thioridazine	135
Moban	Molindone	180
Navane	Thiothixine	155
Orap	Primozide	105
Permitil	Fluphenazine HCl	140
Proxilin	Fluphenazine HCl	140
Proxilin Decanoate	Fluphenazine	140
Prolixin Enantate	"	140
Risperdal	Risperidone	193
Serlect	Sertindole	195
Seroquel	Quetiapine	196
Stelazine	Trifluoperazine	125
Taractan	Chlorprothixene	150
Thorazine	Chlorpromazine	110
Triavil	Perphenazine-Amitriptyline	314
Trilafon	Perphenazine	160
Zyprexa	Olanzapine	194
Antidepressant Medications		
Adapin	Doxipin	330
Anafranil	Clomipramine	391
Asendin	Amoxapine	350
Aventyl	Nortriptyline	320
Desyrel	Trazadone	730
Effexor	Venlafaxine HCl	397
Elavil	Amitriptyline HCl	310
Ludiomil	Maprotiline	360
Marplan	Isocarboxazid	380

<u>Trade Names</u>	<u>Generic Names</u>	<u>Code Number</u>
Nardil	Phenelzine	387
Norpramin	Desipramine	315
Pamelor	Nortriptyline	320
Parnate	Tranylcypromine	385
Paxil	Paroxetine HCl	397
Pertofrane	Desipramine	315
Pramine	Imipramine	340
Prozac	Fluoxetine	355
Serzone	Nefazodone HCl	396
Sinequan	Doxipin	330
Vivactil	Protriptyline	325
Wellbutrin	Bupropion	390
Zoloft	Sertraline HCl	395

Anti-manic Medications

Depakote	Valproic Acid	685
Eskalith	Lithium	210
Klonopin	Clonazepam	270
Lithane	Lithium	210
Lithium Carbonate	“	210
Lithium Citrate	“	210
Lithobid	“	210
Lithonate	“	210
Lithotab	“	210
Tegretol	Carbamazepine	230

Anti-anxiety Medications

Ativan	Lorazepam	460
Atarax	Hydroxyzine	484
Buspar	Buspirone HCl	490
Equanil	Meprobamate	430
Inderal	Propanolol	753
Librium	Chlordiazepoxide	415
Miltown	Meprobamate	430
Serax	Oxazepam	420
Tranxene	Clorazepate	425
Valium	Diazepam	440
Xanax	Alprazolam	470

<u>Trade Names</u>	<u>Generic Names</u>	<u>Code Number</u>
Hypnotic Medications		
Amytal	Amobarbital	550
Benadryl	Diphenhydramine	520
Clonopin	Clonazepam	670
Dalmane	Flurazepam	530
Halcion	Triazolam	576
Nembutal	Phenobarbital	540
Restoril	Temazepam	570
Seconal	Secobarbital	560
Vistaril	Hydroxyzine Pamoate	480
Antiparkinson's Medications		
Akineton	Biperiden	617
Artane	Trihexyphenidyl	605
Cogentin	Benzotropine	630
Sinemet	Carbidopa-Levodopa	635
Symmetrel	Amantadine	620
Anticonvulsant Medications		
Celotin	Methsoximide	655
Depakene	Valproic Acid	685
Depakote	Divalproex Sod.	645
Dilantin	Phenytoin Sod.	680
Mesantoin	Mephenytoin	675
Mysoline	Primodone	640
Serentil	Mesoridazine	120
Tegretol	Carbamazepine	665
Zerontin	Ethosuximide	690
Miscellaneous Medications		
Antabuse	Disulfiram	882
Cylert	Premoline	850
Dexedrine	Dextroamphetamine	860
Hydergine	Ergoloid	262
Ritalin	Methylphenidate	840
Luvox	Fluvoxamine Malcate	890

Numerical Listing of DSM-IV Diagnoses and Codes

To maintain compatibility with ICD-9-CM, some DSM-IV diagnoses share the same code numbers. These are indicated in this list by brackets.

NOS = Not Otherwise Specified.

290.0	Dementia of the Alzheimer's Type, With Late Onset, Uncomplicated
290.10	Dementia Due to Creutzfeldt-Jakob Disease
290.10	Dementia Due to Pick's Disease
290.10	Dementia of the Alzheimer's Type, With Early Onset, Uncomplicated
290.11	Dementia of the Alzheimer's Type, With Early Onset, With Delirium
290.12	Dementia of the Alzheimer's Type, With Early Onset, With Delusions
290.13	Dementia of the Alzheimer's Type, With Early Onset, With Depressed Mood
290.20	Dementia of the Alzheimer's Type, With Late Onset, With Delusions
290.21	Dementia of the Alzheimer's Type, With Late Onset, With Depressed Mood
290.3	Dementia of the Alzheimer's Type, With Late Onset, With Delirium
290.40	Vascular Dementia, Uncomplicated
290.41	Vascular Dementia, With Delirium
290.42	Vascular Dementia, With Delusions
290.43	Vascular Dementia, With Depressed Mood
291.0	Alcohol Intoxication Delirium
291.0	Alcohol Withdrawal Delirium
291.1	Alcohol-Induced Persisting Amnesic Disorder
291.2	Alcohol-Induced Persisting Dementia
291.3	Alcohol-Induced Psychotic Disorder, With Hallucinations
291.5	Alcohol-Induced Psychotic Disorder, With Delusions
291.8	Alcohol-Induced Anxiety Disorder

291.8	Alcohol-Induced Mood Disorder
291.8	Alcohol-Induced Sexual Dysfunction
291.8	Alcohol-Induced Sleep Disorder
291.8	Alcohol Withdrawal
291.9	Alcohol-Related Disorder NOS
292.0	Amphetamine Withdrawal
292.0	Cocaine Withdrawal
292.0	Nicotine Withdrawal
292.0	Opioid Withdrawal
292.0	Other (or Unknown) Substance Withdrawal
292.0	Sedative, Hypnotic, or Anxiolytic Withdrawal
292.11	Amphetamine-Induced Psychotic Disorder, With Delusions
292.11	Cannabis-Induced Psychotic Disorder, With Delusions
292.11	Cocaine-Induced Psychotic Disorder, With Delusions
292.11	Hallucinogen-Induced Psychotic Disorder, With Delusions
292.11	Inhalant-Induced Psychotic Disorder, With Delusions
292.11	Opioid-Induced Psychotic Disorder, With Delusions
292.11	Other (or Unknown) Substance-Induced Psychotic Disorder, With Delusions
292.11	Phencyclidine-Induced Psychotic Disorder, With Delusions
292.11	Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder, With Delusions
292.12	Amphetamine-Induced Psychotic Disorder, With Hallucinations
292.12	Cannabis-Induced Psychotic Disorder, With Hallucinations
292.12	Cocaine-Induced Psychotic Disorder, With Hallucinations
292.12	Hallucinogen-Induced Psychotic Disorder, With Hallucinations
292.12	Inhalant-Induced Psychotic Disorder, With Hallucinations
292.12	Opioid-Induced Psychotic Disorder, With Hallucinations
292.12	Other (or Unknown) Substance-Induced Psychotic Disorder, With Hallucinations
292.12	Phencyclidine-Induced Psychotic Disorder, With Hallucinations
292.12	Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder, With Hallucinations
292.81	Amphetamine Intoxication Delirium
292.81	Cannabis Intoxication Delirium
292.81	Cocaine Intoxication Delirium
292.81	Hallucinogen Intoxication Delirium
292.81	Inhalant Intoxication Delirium
292.81	Opioid Intoxication Delirium
292.81	Other (or Unknown) Substance-Induced Delirium
292.81	Phencyclidine Intoxication Delirium
292.81	Sedative, Hypnotic, or Anxiolytic Intoxication Delirium
292.81	Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium
292.82	Inhalant-Induced Persisting Dementia
292.82	Other (or Unknown) Substance-Induced Persisting Dementia
292.82	Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Dementia
292.83	Other (or Unknown) Substance-Induced Persisting Amnesic Disorder
292.83	Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Amnesic Disorder
292.84	Amphetamine-Induced Mood Disorder

Numerical Listing of DSM-IV Diagnoses and Codes

292.84	Cocaine-Induced Mood Disorder
292.84	Hallucinogen-Induced Mood Disorder
292.84	Inhalant-Induced Mood Disorder
292.84	Opioid-Induced Mood Disorder
292.84	Other (or Unknown) Substance-Induced Mood Disorder
292.84	Phencyclidine-Induced Mood Disorder
292.84	Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder
292.89	Amphetamine-Induced Anxiety Disorder
292.89	Amphetamine-Induced Sexual Dysfunction
292.89	Amphetamine-Induced Sleep Disorder
292.89	Amphetamine Intoxication
292.89	Caffeine-Induced Anxiety Disorder
292.89	Caffeine-Induced Sleep Disorder
292.89	Cannabis-Induced Anxiety Disorder
292.89	Cannabis Intoxication
292.89	Cocaine-Induced Anxiety Disorder
292.89	Cocaine-Induced Sexual Dysfunction
292.89	Cocaine-Induced Sleep Disorder
292.89	Cocaine Intoxication
292.89	Hallucinogen-Induced Anxiety Disorder
292.89	Hallucinogen Intoxication
292.89	Hallucinogen Persisting Perception Disorder
292.89	Inhalant-Induced Anxiety Disorder
292.89	Inhalant Intoxication
292.89	Opioid-Induced Sleep Disorder
292.89	Opioid-Induced Sexual Dysfunction
292.89	Opioid Intoxication
292.89	Other (or Unknown) Substance-Induced Anxiety Disorder
292.89	Other (or Unknown) Substance-Induced Sexual Dysfunction
292.89	Other (or Unknown) Substance-Induced Sleep Disorder
292.89	Other (or Unknown) Substance Intoxication
292.89	Phencyclidine-Induced Anxiety Disorder
292.89	Phencyclidine Intoxication
292.89	Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder
292.89	Sedative-, Hypnotic-, or Anxiolytic-Induced Sexual Dysfunction
292.89	Sedative-, Hypnotic-, or Anxiolytic-Induced Sleep Disorder
292.89	Sedative, Hypnotic, or Anxiolytic Intoxication
292.9	Amphetamine-Related Disorder NOS
292.9	Caffeine-Related Disorder NOS
292.9	Cannabis-Related Disorder NOS
292.9	Cocaine-Related Disorder NOS
292.9	Hallucinogen-Related Disorder NOS
292.9	Inhalant-Related Disorder NOS
292.9	Nicotine-Related Disorder NOS
292.9	Opioid-Related Disorder NOS
292.9	Other (or Unknown) Substance-Related Disorder NOS
292.9	Phencyclidine-Related Disorder NOS
292.9	Sedative-, Hypnotic-, or Anxiolytic-Related Disorder NOS
293.0	Delirium Due to . . . <i>(Indicate the General Medical Condition)</i>

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- 293.81 Psychotic Disorder Due to . . . *[Indicate the General Medical Condition]*
With Delusions
 - 293.82 Psychotic Disorder Due to . . . *[Indicate the General Medical Condition]*
With Hallucinations
 - 293.83 Mood Disorder Due to . . . *[Indicate the General Medical Condition]*
 - 293.89 Anxiety Disorder Due to . . . *[Indicate the General Medical Condition]*
 - 293.89 Catatonic Disorder Due to . . . *[Indicate the General Medical Condition]*
 - 293.9 Mental Disorder NOS Due to . . . *[Indicate the General Medical Condition]*
 - 294.0 Amnesic Disorder Due to . . . *[Indicate the General Medical Condition]*
 - 294.1 Dementia Due to . . . *[Indicate the General Medical Condition]*
 - 294.8 Amnesic Disorder NOS
 - 294.8 Dementia NOS
 - 294.9 Cognitive Disorder NOS
 - 294.9 Dementia Due to HIV Disease
 - 295.10 Schizophrenia, Disorganized Type
 - 295.20 Schizophrenia, Catatonic Type
 - 295.30 Schizophrenia, Paranoid Type
 - 295.40 Schizophreniform Disorder
 - 295.60 Schizophrenia, Residual Type
 - 295.70 Schizoaffective Disorder
 - 295.90 Schizophrenia, Undifferentiated Type
 - 296.00 Bipolar I Disorder, Single Manic Episode, Unspecified
 - 296.01 Bipolar I Disorder, Single Manic Episode, Mild
 - 296.02 Bipolar I Disorder, Single Manic Episode, Moderate
 - 296.03 Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic
Features
 - 296.04 Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features
 - 296.05 Bipolar I Disorder, Single Manic Episode, In Partial Remission
 - 296.06 Bipolar I Disorder, Single Manic Episode, In Full Remission
 - 296.20 Major Depressive Disorder, Single Episode, Unspecified
 - 296.21 Major Depressive Disorder, Single Episode, Mild
 - 296.22 Major Depressive Disorder, Single Episode, Moderate
 - 296.23 Major Depressive Disorder, Single Episode, Severe Without Psychotic
Features
 - 296.24 Major Depressive Disorder, Single Episode, Severe With Psychotic
Features
 - 296.25 Major Depressive Disorder, Single Episode, In Partial Remission
 - 296.26 Major Depressive Disorder, Single Episode, In Full Remission
 - 296.30 Major Depressive Disorder, Recurrent, Unspecified
 - 296.31 Major Depressive Disorder, Recurrent, Mild
 - 296.32 Major Depressive Disorder, Recurrent, Moderate
 - 296.33 Major Depressive Disorder, Recurrent, Severe Without Psychotic Features
 - 296.34 Major Depressive Disorder, Recurrent, Severe With Psychotic Features
 - 296.35 Major Depressive Disorder, Recurrent, In Partial Remission
 - 296.36 Major Depressive Disorder, Recurrent, In Full Remission
 - 296.40 Bipolar I Disorder, Most Recent Episode Hypomanic
 - 296.40 Bipolar I Disorder, Most Recent Episode Manic, Unspecified
 - 296.41 Bipolar I Disorder, Most Recent Episode Manic, Mild
 - 296.42 Bipolar I Disorder, Most Recent Episode Manic, Moderate

Numerical Listing of DSM-IV Diagnoses and Codes

296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features
296.44	Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features
296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild
296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features
296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified
296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild
296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate
296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features
296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features
296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
296.7	Bipolar I Disorder, Most Recent Episode Unspecified
296.80	Bipolar Disorder NOS
296.89	Bipolar II Disorder
296.90	Mood Disorder NOS
297.1	Delusional Disorder
297.3	Shared Psychotic Disorder
298.8	Brief Psychotic Disorder
298.9	Psychotic Disorder NOS
299.00	Autistic Disorder
299.10	Childhood Disintegrative Disorder
299.80	Asperger's Disorder
299.80	Pervasive Developmental Disorder NOS
299.80	Rett's Disorder
300.00	Anxiety Disorder NOS
300.01	Panic Disorder Without Agoraphobia
300.02	Generalized Anxiety Disorder
300.11	Conversion Disorder
300.12	Dissociative Amnesia
300.13	Dissociative Fugue
300.14	Dissociative Identity Disorder
300.15	Dissociative Disorder NOS
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms
300.19	Factitious Disorder NOS

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- 300.19 Factitious Disorder With Combined Psychological and Physical Signs and Symptoms
 - 300.19 Factitious Disorder With Predominantly Physical Signs and Symptoms
 - 300.21 Panic Disorder With Agoraphobia
 - 300.22 Agoraphobia Without History of Panic Disorder
 - 300.23 Social Phobia
 - 300.29 Specific Phobia
 - 300.3 Obsessive-Compulsive Disorder
 - 300.4 Dysthymic Disorder
 - 300.6 Depersonalization Disorder
 - 300.7 Body Dysmorphic Disorder
 - 300.7 Hypochondriasis
 - 300.81 Somatization Disorder
 - 300.81 Somatoform Disorder NOS
 - 300.81 Undifferentiated Somatoform Disorder
 - 300.9 Unspecified Mental Disorder (nonpsychotic)
 - 301.0 Paranoid Personality Disorder
 - 301.13 Cyclothymic Disorder
 - 301.20 Schizoid Personality Disorder
 - 301.22 Schizotypal Personality Disorder
 - 301.4 Obsessive-Compulsive Personality Disorder
 - 301.50 Histrionic Personality Disorder
 - 301.6 Dependent Personality Disorder
 - 301.7 Antisocial Personality Disorder
 - 301.81 Narcissistic Personality Disorder
 - 301.82 Avoidant Personality Disorder
 - 301.83 Borderline Personality Disorder
 - 301.9 Personality Disorder NOS
 - 302.2 Pedophilia
 - 302.3 Transvestic Fetishism
 - 302.4 Exhibitionism
 - 302.6 Gender Identity Disorder in Children
 - 302.6 Gender Identity Disorder NOS
 - 302.70 Sexual Dysfunction NOS
 - 302.71 Hypoactive Sexual Desire Disorder
 - 302.72 Female Sexual Arousal Disorder
 - 302.72 Male Erectile Disorder
 - 302.73 Female Orgasmic Disorder
 - 302.74 Male Orgasmic Disorder
 - 302.75 Premature Ejaculation
 - 302.76 Dyspareunia (Not Due to a General Medical Condition)
 - 302.79 Sexual Aversion Disorder
 - 302.81 Fetishism
 - 302.82 Voyeurism
 - 302.83 Sexual Masochism
 - 302.84 Sexual Sadism
 - 302.85 Gender Identity Disorder in Adolescents or Adults
 - 302.89 Frotteurism
 - 302.9 Paraphilia NOS

Numerical Listing of DSM-IV Diagnoses and Codes

302.9	Sexual Disorder NOS
303.00	Alcohol Intoxication
303.90	Alcohol Dependence
304.00	Opioid Dependence
304.10	Sedative, Hypnotic, or Anxiolytic Dependence
304.20	Cocaine Dependence
304.30	Cannabis Dependence
304.40	Amphetamine Dependence
304.50	Hallucinogen Dependence
304.60	Inhalant Dependence
304.80	Polysubstance Dependence
304.90	Other (or Unknown) Substance Dependence
304.90	Phencyclidine Dependence
305.00	Alcohol Abuse
305.10	Nicotine Dependence
305.20	Cannabis Abuse
305.30	Hallucinogen Abuse
305.40	Sedative, Hypnotic, or Anxiolytic Abuse
305.50	Opioid Abuse
305.60	Cocaine Abuse
305.70	Amphetamine Abuse
305.90	Caffeine Intoxication
305.90	Inhalant Abuse
305.90	Other (or Unknown) Substance Abuse
305.90	Phencyclidine Abuse
306.51	Vaginismus (Not Due to a General Medical Condition)
307.0	Stuttering
307.1	Anorexia Nervosa
307.20	Tic Disorder NOS
307.21	Transient Tic Disorder
307.22	Chronic Motor or Vocal Tic Disorder
307.23	Tourette's Disorder
307.3	Stereotypic Movement Disorder
307.42	Insomnia Related to . . . <i>[Indicate the Axis I or Axis II Disorder]</i>
307.42	Primary Insomnia
307.44	Hypersomnia Related to . . . <i>[Indicate the Axis I or Axis II Disorder]</i>
307.44	Primary Hypersomnia
307.45	Circadian Rhythm Sleep Disorder
307.46	Sleep Terror Disorder
307.46	Sleepwalking Disorder
307.47	Dyssomnia NOS
307.47	Nightmare Disorder
307.47	Parasomnia NOS
307.50	Eating Disorder NOS
307.51	Bulimia Nervosa
307.52	Pica
307.53	Rumination Disorder
307.59	Feeding Disorder of Infancy or Early Childhood
307.6	Enuresis (Not Due to a General Medical Condition)

307.7	Encopresis, Without Constipation and Overflow Incontinence
307.80	Pain Disorder Associated With Psychological Factors
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition
307.9	Communication Disorder NOS
308.3	Acute Stress Disorder
309.0	Adjustment Disorder With Depressed Mood
309.21	Separation Anxiety Disorder
309.24	Adjustment Disorder With Anxiety
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood
309.3	Adjustment Disorder With Disturbance of Conduct
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct
309.81	Posttraumatic Stress Disorder
309.9	Adjustment Disorder Unspecified
310.1	Personality Change Due to . . . <i>[Indicate the General Medical Condition]</i>
311	Depressive Disorder NOS
312.30	Impulse-Control Disorder NOS
312.31	Pathological Gambling
312.32	Kleptomania
312.33	Pyromania
312.34	Intermittent Explosive Disorder
312.39	Trichotillomania
312.8	Conduct Disorder
312.9	Disruptive Behavior Disorder NOS
313.23	Selective Mutism
313.81	Oppositional Defiant Disorder
313.82	Identity Problem
313.89	Reactive Attachment Disorder of Infancy or Early Childhood
313.9	Disorder of Infancy, Childhood, or Adolescence NOS
314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type
314.9	Attention-Deficit/Hyperactivity Disorder NOS
315.00	Reading Disorder
315.1	Mathematics Disorder
315.2	Disorder of Written Expression
315.31	Expressive Language Disorder
315.31	Mixed Receptive-Expressive Language Disorder
315.39	Phonological Disorder
315.4	Developmental Coordination Disorder
315.9	Learning Disorder NOS
316	. . . <i>[Specified Psychological Factor]</i> Affecting . . . <i>[Indicate the General Medical Condition]</i>
317	Mild Mental Retardation
318.0	Moderate Mental Retardation
318.1	Severe Mental Retardation
318.2	Profound Mental Retardation
319	Mental Retardation, Severity Unspecified

Numerical Listing of DSM-IV Diagnoses and Codes

332.1	Neuroleptic-Induced Parkinsonism
333.1	Medication-Induced Postural Tremor
333.7	Neuroleptic-Induced Acute Dystonia
333.82	Neuroleptic-Induced Tardive Dyskinesia
333.90	Medication-Induced Movement Disorder NOS
333.92	Neuroleptic Malignant Syndrome
333.99	Neuroleptic-Induced Acute Akathisia
347	Narcolepsy
607.84	Male Erectile Disorder Due to . . . <i>[Indicate the General Medical Condition]</i>
608.89	Male Dyspareunia Due to . . . <i>[Indicate the General Medical Condition]</i>
608.89	Male Hypoactive Sexual Desire Disorder Due to . . . <i>[Indicate the Medical Condition]</i>
608.89	Other Male Sexual Dysfunction Due to . . . <i>[Indicate the General Medical Condition]</i>
625.0	Female Dyspareunia Due to . . . <i>[Indicate the General Medical Condition]</i>
625.8	Female Hypoactive Sexual Desire Disorder Due to . . . <i>[Indicate the General Medical Condition]</i>
625.8	Other Female Sexual Dysfunction Due to . . . <i>[Indicate the General Medical Condition]</i>
780.09	Delirium NOS
780.52	Sleep Disorder Due to . . . <i>[Indicate the General Medical Condition]</i> , Insomnia Type
780.54	Sleep Disorder Due to . . . <i>[Indicate the General Medical Condition]</i> , Hypersomnia Type
780.59	Breathing-Related Sleep Disorder
780.59	Sleep Disorder Due to . . . <i>[Indicate the General Medical Condition]</i> , Mixed Type
780.59	Sleep Disorder Due to . . . <i>[Indicate the General Medical Condition]</i> , Parasomnia Type
780.9	Age-Related Cognitive Decline
787.6	Encopresis, With Constipation and Overflow Incontinence
799.9	Diagnosis Deferred on Axis II
799.9	Diagnosis or Condition Deferred on Axis I
995.2	Adverse Effects of Medication NOS
995.5	Neglect of Child <i>(if focus of attention is on victim)</i>
995.5	Physical Abuse of Child <i>(if focus of attention is on victim)</i>
995.5	Sexual Abuse of Child <i>(if focus of attention is on victim)</i>
995.81	Physical Abuse of Adult <i>(if focus of attention is on victim)</i>
995.81	Sexual Abuse of Adult <i>(if focus of attention is on victim)</i>
V15.81	Noncompliance With Treatment
V61.1	Partner Relational Problem
V61.1	Physical Abuse of Adult
V61.1	Sexual Abuse of Adult
V61.20	Parent-Child Relational Problem
V61.21	Neglect of Child
V61.21	Physical Abuse of Child
V61.21	Sexual Abuse of Child
V61.8	Sibling Relational Problem

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- V61.9 Relational Problem Related to a Mental Disorder or General Medical Condition
 - V62.2 Occupational Problem
 - V62.3 Academic Problem
 - V62.4 Acculturation Problem
 - V62.81 Relational Problem NOS
 - V62.82 Bereavement
 - [V62.89 Borderline Intellectual Functioning
 - [V62.89 Phase of Life Problem
 - [V62.89 Religious or Spiritual Problem
 - V65.2 Malingering
 - V71.01 Adult Antisocial Behavior
 - V71.02 Child or Adolescent Antisocial Behavior
 - [V71.09 No Diagnosis on Axis II
 - [V71.09 No Diagnosis or Condition on Axis I

Alphabetical Listing of DSM-IV Diagnoses and Codes

NOS = Not Otherwise Specified.

V62.3	Academic Problem
V62.4	Acculturation Problem
308.3	Acute Stress Disorder
	Adjustment Disorders
309.9	Unspecified
309.24	With Anxiety
309.0	With Depressed Mood
309.3	With Disturbance of Conduct
309.28	With Mixed Anxiety and Depressed Mood
309.4	With Mixed Disturbance of Emotions and Conduct
V71.01	Adult Antisocial Behavior
995.2	Adverse Effects of Medication NOS
780.9	Age-Related Cognitive Decline
300.22	Agoraphobia Without History of Panic Disorder
	Alcohol
305.00	Abuse
303.90	Dependence
291.8	-Induced Anxiety Disorder
291.8	-Induced Mood Disorder
291.1	-Induced Persisting Amnesic Disorder
291.2	-Induced Persisting Dementia
	-Induced Psychotic Disorder
291.5	With Delusions
291.3	With Hallucinations
291.8	-Induced Sexual Dysfunction
291.8	-Induced Sleep Disorder

	Alcohol (continued)
303.00	Intoxication
291.0	Intoxication Delirium
291.9	-Related Disorder NOS
291.8	Withdrawal
291.0	Withdrawal Delirium
294.0	Amnesic Disorder Due to . . . [Indicate the General Medical Condition]
294.8	Amnesic Disorder NOS
	Amphetamine (or Amphetamine-Like)
305.70	Abuse
304.40	Dependence
292.89	-Induced Anxiety Disorder
292.84	-Induced Mood Disorder
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	-Induced Sexual Dysfunction
292.89	-Induced Sleep Disorder
292.89	Intoxication
292.81	Intoxication Delirium
292.9	-Related Disorder NOS
292.0	Withdrawal
307.1	Anorexia Nervosa
301.7	Antisocial Personality Disorder
293.89	Anxiety Disorder Due to . . . [Indicate the General Medical Condition]
300.00	Anxiety Disorder NOS
299.80	Asperger's Disorder
	Attention-Deficit/Hyperactivity Disorder
314.01	Combined Type
314.01	Predominantly Hyperactive-Impulsive Type
314.00	Predominantly Inattentive Type
314.9	Attention-Deficit/Hyperactivity Disorder NOS
299.00	Autistic Disorder
301.82	Avoidant Personality Disorder
V62.82	Bereavement
296.80	Bipolar Disorder NOS
	Bipolar I Disorder, Most Recent Episode Depressed
296.56	In Full Remission
296.55	In Partial Remission
296.51	Mild
296.52	Moderate
296.53	Severe Without Psychotic Features
296.54	Severe With Psychotic Features
296.50	Unspecified
296.40	Bipolar I Disorder, Most Recent Episode Hypomanic
	Bipolar I Disorder, Most Recent Episode Manic
296.46	In Full Remission
296.45	In Partial Remission
296.41	Mild

Alphabetical Listing of DSM-IV Diagnoses and Codes

	Bipolar I Disorder, Most Recent Episode Manic (<i>continued</i>)
296.42	Moderate
296.43	Severe Without Psychotic Features
296.44	Severe With Psychotic Features
296.40	Unspecified
	Bipolar I Disorder, Most Recent Episode Mixed
296.66	In Full Remission
296.65	In Partial Remission
296.61	Mild
296.62	Moderate
296.63	Severe Without Psychotic Features
296.64	Severe With Psychotic Features
296.60	Unspecified
296.7	Bipolar I Disorder, Most Recent Episode Unspecified
	Bipolar I Disorder, Single Manic Episode
296.06	In Full Remission
296.05	In Partial Remission
296.01	Mild
296.02	Moderate
296.03	Severe Without Psychotic Features
296.04	Severe With Psychotic Features
296.00	Unspecified
296.89	Bipolar II Disorder
300.7	Body Dysmorphic Disorder
V62.89	Borderline Intellectual Functioning
301.83	Borderline Personality Disorder
780.59	Breathing-Related Sleep Disorder
298.8	Brief Psychotic Disorder
307.51	Bulimia Nervosa
	Caffeine
292.89	-Induced Anxiety Disorder
292.89	-Induced Sleep Disorder
305.90	Intoxication
292.9	-Related Disorder NOS
	Cannabis
305.20	Abuse
304.30	Dependence
292.89	-Induced Anxiety Disorder
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	Intoxication
292.81	Intoxication Delirium
292.9	-Related Disorder NOS
293.89	Catatonic Disorder Due to . . . (<i>Indicate the General Medical Condition</i>)
299.10	Childhood Disintegrative Disorder
V71.02	Child or Adolescent Antisocial Behavior
307.22	Chronic Motor or Vocal Tic Disorder
307.45	Circadian Rhythm Sleep Disorder

	Cocaine
305.60	Abuse
304.20	Dependence
292.89	-Induced Anxiety Disorder
292.84	-Induced Mood Disorder
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	-Induced Sexual Dysfunction
292.89	-Induced Sleep Disorder
292.89	Intoxication
292.81	Intoxication Delirium
292.9	-Related Disorder NOS
292.0	Withdrawal
294.9	Cognitive Disorder NOS
307.9	Communication Disorder NOS
312.8	Conduct Disorder
300.11	Conversion Disorder
301.13	Cyclothymic Disorder
293.0	Delirium Due to . . . <i>[Indicate the General Medical Condition]</i>
290.09	Delirium NOS
297.1	Delusional Disorder
290.10	Dementia Due to Creutzfeldt-Jakob Disease
294.1	Dementia Due to Head Trauma
294.9	Dementia Due to HIV Disease
294.1	Dementia Due to Huntington's Disease
294.1	Dementia Due to Parkinson's Disease
290.10	Dementia Due to Pick's Disease
294.1	Dementia Due to . . . <i>[Indicate Other General Medical Condition]</i>
294.8	Dementia NOS
	Dementia of the Alzheimer's Type, With Early Onset
290.10	Uncomplicated
290.11	With Delirium
290.12	With Delusions
290.13	With Depressed Mood
	Dementia of the Alzheimer's Type, With Late Onset
290.0	Uncomplicated
290.3	With Delirium
290.20	With Delusions
290.21	With Depressed Mood
301.6	Dependent Personality Disorder
300.6	Depersonalization Disorder
311	Depressive Disorder NOS
315.4	Developmental Coordination Disorder
799.9	Diagnosis Deferred on Axis II
799.9	Diagnosis or Condition Deferred on Axis I
313.9	Disorder of Infancy, Childhood, or Adolescence NOS
315.2	Disorder of Written Expression
312.9	Disruptive Behavior Disorder NOS

Alphabetical Listing of DSM-IV Diagnoses and Codes

300.12	Dissociative Amnesia
300.15	Dissociative Disorder NOS
300.13	Dissociative Fugue
300.14	Dissociative Identity Disorder
302.76	Dyspareunia (Not Due to a General Medical Condition)
307.47	Dyssomnia NOS
300.4	Dysthymic Disorder
307.50	Eating Disorder NOS
787.6	Encopresis, With Constipation and Overflow Incontinence
307.7	Encopresis, Without Constipation and Overflow Incontinence
307.6	Enuresis (Not Due to a General Medical Condition)
302.4	Exhibitionism
315.31	Expressive Language Disorder
	Factitious Disorder
300.19	With Combined Psychological and Physical Signs and Symptoms
300.19	With Predominantly Physical Signs and Symptoms
300.16	With Predominantly Psychological Signs and Symptoms
300.19	Factitious Disorder NOS
307.59	Feeding Disorder of Infancy or Early Childhood
625.0	Female Dyspareunia Due to . . . <i>[Indicate the General Medical Condition]</i>
625.8	Female Hypoactive Sexual Desire Disorder Due to . . . <i>[Indicate the General Medical Condition]</i>
302.73	Female Orgasmic Disorder
302.72	Female Sexual Arousal Disorder
302.81	Fetishism
302.89	Frotteurism
	Gender Identity Disorder
302.85	in Adolescents or Adults
302.6	in Children
302.6	Gender Identity Disorder NOS
300.02	Generalized Anxiety Disorder
	Hallucinogen
305.30	Abuse
304.50	Dependence
292.89	-Induced Anxiety Disorder
292.84	-Induced Mood Disorder
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	Intoxication
292.81	Intoxication Delirium
292.89	Persisting Perception Disorder
292.9	-Related Disorder NOS
301.50	Histrionic Personality Disorder
307.44	Hypersomnia related to . . . <i>[Indicate the Axis I or Axis II Disorder]</i>
302.71	Hypoactive Sexual Desire Disorder
300.7	Hypochondriasis
313.82	Identity Problem
312.30	Impulse-Control Disorder NOS

	Inhalant
305.90	Abuse
304.60	Dependence
292.89	-Induced Anxiety Disorder
292.84	-Induced Mood Disorder
292.82	-Induced Persisting Dementia
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	Intoxication
292.81	Intoxication Delirium
292.9	-Related Disorder NOS
307.42	Insomnia Related to . . . <i>[Indicate the Axis I or Axis II Disorder]</i>
312.34	Intermittent Explosive Disorder
312.32	Kleptomania
315.9	Learning Disorder NOS
	Major Depressive Disorder, Recurrent
296.36	In Full Remission
296.35	In Partial Remission
296.31	Mild
296.32	Moderate
296.33	Severe Without Psychotic Features
296.34	Severe With Psychotic Features
296.30	Unspecified
	Major Depressive Disorder, Single Episode
296.26	In Full Remission
296.25	In Partial Remission
296.21	Mild
296.22	Moderate
296.23	Severe Without Psychotic Features
296.24	Severe With Psychotic Features
296.20	Unspecified
608.89	Male Dyspareunia Due to . . . <i>[Indicate the General Medical Condition]</i>
302.72	Male Erectile Disorder
607.84	Male Erectile Disorder Due to . . . <i>[Indicate the General Medical Condition]</i>
608.89	Male Hypoactive Sexual Desire Disorder Due to . . . <i>[Indicate the General Medical Condition]</i>
302.74	Male Orgasmic Disorder
V65.2	Malingering
315.1	Mathematics Disorder
	Medication-Induced
333.90	Movement Disorder NOS
333.1	Postural Tremor
293.9	Mental Disorder NOS Due to . . . <i>[Indicate the General Medical Condition]</i>
319	Mental Retardation, Severity Unspecified
317	Mild Mental Retardation
315.31	Mixed Receptive-Expressive Language Disorder
318.0	Moderate Mental Retardation

Alphabetical Listing of DSM-IV Diagnoses and Codes

293.83	Mood Disorder Due to . . . <i>[Indicate the General Medical Condition]</i>
296.90	Mood Disorder NOS
301.81	Narcissistic Personality Disorder
347	Narcolepsy
V61.21	Neglect of Child
995.5	Neglect of Child <i>(if focus of attention is on victim)</i>
	Neuroleptic-Induced
333.99	Acute Akathisia
333.7	Acute Dystonia
332.1	Parkinsonism
333.82	Tardive Dyskinesia
333.92	Neuroleptic Malignant Syndrome
	Nicotine
305.10	Dependence
292.9	-Related Disorder NOS
292.0	Withdrawal
307.47	Nightmare Disorder
V71.09	No Diagnosis on Axis II
V71.09	No Diagnosis or Condition on Axis I
V15.81	Noncompliance With Treatment
300.3	Obsessive-Compulsive Disorder
301.4	Obsessive-Compulsive Personality Disorder
V62.2	Occupational Problem
	Opioid
305.50	Abuse
304.00	Dependence
292.84	-Induced Mood Disorder
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	-Induced Sexual Dysfunction
292.89	-Induced Sleep Disorder
292.89	Intoxication
292.81	Intoxication Delirium
292.9	-Related Disorder NOS
292.0	Withdrawal
313.81	Oppositional Defiant Disorder
625.8	Other Female Sexual Dysfunction Due to . . . <i>[Indicate the General Medical Condition]</i>
608.89	Other Male Sexual Dysfunction Due to . . . <i>[Indicate the General Medical Condition]</i>
	Other (or Unknown) Substance
305.90	Abuse
304.90	Dependence
292.89	-Induced Anxiety Disorder
292.81	-Induced Delirium
292.84	-Induced Mood Disorder
292.83	-Induced Persisting Amnesic Disorder
292.82	-Induced Persisting Dementia

	Other (or Unknown) Substance <i>(continued)</i>
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	-Induced Sexual Dysfunction
292.89	-Induced Sleep Disorder
292.89	Intoxication
292.9	-Related Disorder NOS
292.0	Withdrawal
	Pain Disorder
307.89	Associated With Both Psychological Factors and a General Medical Condition
307.80	Associated With Psychological Factors
	Panic Disorder
300.21	With Agoraphobia
300.01	Without Agoraphobia
301.0	Paranoid Personality Disorder
302.9	Paraphilia NOS
307.47	Parasomnia NOS
V61.20	Parent-Child Relational Problem
V61.1	Partner Relational Problem
312.31	Pathological Gambling
302.2	Pedophilia
310.1	Personality Change Due to . . . <i>(Indicate the General Medical Condition)</i>
301.9	Personality Disorder NOS
299.80	Pervasive Developmental Disorder NOS
V62.89	Phase of Life Problem
	Phencyclidine (or Phencyclidine-Like)
305.90	Abuse
304.90	Dependence
292.89	-Induced Anxiety Disorder
292.84	-Induced Mood Disorder
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	Intoxication
292.81	Intoxication Delirium
292.9	-Related Disorder NOS
315.39	Phonological Disorder
V61.1	Physical Abuse of Adult
995.81	Physical Abuse of Adult <i>(if focus of attention is on victim)</i>
V61.21	Physical Abuse of Child
995.5	Physical Abuse of Child <i>(if focus of attention is on victim)</i>
307.52	Pica
304.80	Polysubstance Dependence
309.81	Posttraumatic Stress Disorder
302.75	Premature Ejaculation
307.44	Primary Hypersomnia
307.42	Primary Insomnia

Alphabetical Listing of DSM-IV Diagnoses and Codes

318.2	Profound Mental Retardation
316	Psychological Factors Affecting Medical Condition
	Psychotic Disorder Due to . . . <i>[Indicate the General Medical Condition]</i>
293.81	With Delusions
293.82	With Hallucinations
298.9	Psychotic Disorder NOS
312.33	Pyromania
313.89	Reactive Attachment Disorder of Infancy or Early Childhood
315.00	Reading Disorder
V62.81	Relational Problem NOS
V61.9	Relational Problem Related to a Mental Disorder or General Medical Condition
V62.89	Religious or Spiritual Problem
299.80	Rett's Disorder
307.53	Rumination Disorder
295.70	Schizoaffective Disorder
301.20	Schizoid Personality Disorder
	Schizophrenia
295.20	Catatonic Type
295.10	Disorganized Type
295.30	Paranoid Type
295.60	Residual Type
295.90	Undifferentiated Type
295.40	Schizophreniform Disorder
301.22	Schizotypal Personality Disorder
	Sedative, Hypnotic, or Anxiolytic
305.40	Abuse
304.10	Dependence
292.89	-Induced Anxiety Disorder
292.84	-Induced Mood Disorder
292.83	-Induced Persisting Amnesic Disorder
292.82	-Induced Persisting Dementia
	-Induced Psychotic Disorder
292.11	With Delusions
292.12	With Hallucinations
292.89	-Induced Sexual Dysfunction
292.89	-Induced Sleep Disorder
292.89	Intoxication
292.81	Intoxication Delirium
292.9	-Related Disorder NOS
292.0	Withdrawal
292.81	Withdrawal Delirium
313.23	Selective Mutism
309.21	Separation Anxiety Disorder
318.1	Severe Mental Retardation
V61.1	Sexual Abuse of Adult
995.81	Sexual Abuse of Adult <i>(if focus of attention is on victim)</i>
V61.21	Sexual Abuse of Child
995.5	Sexual Abuse of Child <i>(if focus of attention is on victim)</i>

302.79	Sexual Aversion Disorder
302.9	Sexual Disorder NOS
302.70	Sexual Dysfunction NOS
302.83	Sexual Masochism
302.84	Sexual Sadism
297.3	Shared Psychotic Disorder
V61.8	Sibling Relational Problem
	Sleep Disorder Due to . . . <i>(Indicate the General Medical Condition)</i>
780.54	Hypersomnia Type
780.52	Insomnia Type
780.59	Mixed Type
780.59	Parasomnia Type
307.46	Sleep Terror Disorder
307.46	Sleepwalking Disorder
300.23	Social Phobia
300.81	Somatization Disorder
300.81	Somatoform Disorder NOS
300.29	Specific Phobia
307.3	Stereotypic Movement Disorder
307.0	Stuttering
307.20	Tic Disorder NOS
307.23	Tourette's Disorder
307.21	Transient Tic Disorder
302.3	Transvestic Fetishism
312.39	Trichotillomania
300.81	Undifferentiated Somatoform Disorder
300.9	Unspecified Mental Disorder (nonpsychotic)
306.51	Vaginismus (Not Due to a General Medical Condition)
	Vascular Dementia
290.40	Uncomplicated
290.41	With Delirium
290.42	With Delusions
290.43	With Depressed Mood
302.82	Voyeurism

APPENDIX XI

ICD-9-CM Codes for Selected General Medical Conditions and Medication-Induced Disorders

The official coding system in use as of the publication of DSM-IV is the *International Classification of Diseases*, 9th Revision, Clinical Modification (ICD-9-CM). This appendix contains two sections that are provided to facilitate ICD-9-CM coding: 1) codes for selected general medical conditions, and 2) codes for medication-induced disorders.

ICD-9-CM Codes for Selected General Medical Conditions

The codes specified for use on Axis I and Axis II of DSM-IV represent only a small fraction of the codes provided in ICD-9-CM. The conditions classified outside the "Mental Disorders" chapter of ICD-9-CM are also important for clinical diagnosis and management in mental health settings. Axis III is provided to facilitate the reporting of these conditions (see p. 27). To assist clinicians in finding the ICD-9-CM codes, this appendix provides a selective index of those ICD-9-CM codes for general medical conditions that are most relevant to diagnosis and care in mental health settings. ICD-9-CM offers diagnostic specificity beyond that reflected in many of the codes that appear in this appendix (e.g., to denote a specific anatomical site or the presence of a specific complication). In cases in which increased specificity is noted in the fifth digit of the code, the least specific code (usually "0") has been selected. For example, the code for lymphosarcoma is given as 200.10 (for unspecified site), although more specificity with regard to anatomical site can be noted in the other fifth-digit codes, for example, 200.12 lymphosarcoma, intrathoracic lymph nodes. In cases in which increased specificity is reflected in the fourth digit of the code, this appendix often provides the "unspecified" category (e.g., 555.9 is listed for regional enteritis; ICD-9-CM also includes 555.0 for enteritis involving the small intestine, 555.1 for involvement of the large intestine, and 555.2 for involvement of both). Diagnostic codes for which more specificity is available are indicated in this appendix by an asterisk (*). Clinicians interested in recording greater specificity should refer to the complete listing of codes published in the ICD-9-CM Diseases: Tabular List (Volume 1) and the ICD-9-CM Diseases: Alphabetic Index

(Volume 2). These documents are updated every October and are published by the U.S. Department of Health and Human Services. They are available from the Superintendent of Documents, U.S. Government Printing Office, as well as from a number of private publishers.

Note: An asterisk (*) following the ICD-9-CM code indicates that greater specificity (e.g., a specific complication or anatomical site) is available. Refer to the ICD-9-CM Diseases: Tabular List (Volume 1) entry for that code for additional information.

Diseases of the Nervous System

324.0	Abscess, intracranial
331.0	Alzheimer's disease
437.0	Atherosclerosis, cerebral
354.0	Carpal tunnel syndrome
354.4	Causalgia
334.3	Cerebellar ataxia
850.9*	Concussion
851.80*	Contusion, cerebral
359.1	Dystrophy, Duchenne's muscular
348.5	Edema, cerebral
049.9*	Encephalitis, viral
572.2	Encephalopathy, hepatic
437.2	Encephalopathy, hypertensive
348.3*	Encephalopathy, unspecified
345.10*	Epilepsy, grand mal
345.40*	Epilepsy, partial, with impairment of consciousness (temporal lobe)
345.50*	Epilepsy, partial, without impairment of consciousness (Jacksonian)
345.00*	Epilepsy, petit mal (absences)
346.20	Headache, cluster
432.0	Hemorrhage, extradural, nontraumatic
852.40*	Hemorrhage, extradural, traumatic
431	Hemorrhage, intracerebral, nontraumatic
430	Hemorrhage, subarachnoid, nontraumatic
852.00*	Hemorrhage, subarachnoid, traumatic
432.1	Hemorrhage, subdural, nontraumatic
852.20*	Hemorrhage, subdural, traumatic
333.4	Huntington's chorea
331.3	Hydrocephalus, communicating
331.4	Hydrocephalus, obstructive
435.9*	Ischemic attack, transient
046.1	Creutzfeldt-Jakob disease
046.0	Kuru
046.3	Leukoencephalopathy, progressive multifocal
330.1	Lipidosis, cerebral
320.9*	Meningitis, bacterial (due to unspecified bacterium)
321.0	Meningitis, cryptococcal
054.72	Meningitis, herpes simplex virus

ICD-9-CM Codes for Selected General Medical Conditions

053.0	Meningitis, herpes zoster
321.1	Meningitis, other fungal
094.2	Meningitis, syphilitic
047.9	Meningitis, viral (due to unspecified virus)
346.00	Migraine, classical (with aura)
346.10	Migraine, common
346.90	Migraine, unspecified
358.0	Myasthenia gravis
350.1	Neuralgia, trigeminal
337.1	Neuropathy, peripheral autonomic
434.9	Occlusion, cerebral artery
350.2	Pain, face, atypical
351.0	Palsy, Bell's
343.9	Palsy, cerebral
335.23	Palsy, pseudobulbar
046.2	Panencephalitis, subacute sclerosing
094.1	Paresis, general
332.0	Parkinson's disease, primary
331.1	Pick's disease
357.9	Polyneuropathy
348.2	Pseudotumor cerebri (benign intracranial hypertension)
335.20	Sclerosis, amyotrophic lateral
340	Sclerosis, multiple (MS)
345.3	Status, grand mal
345.2	Status, petit mal
345.70	Status, temporal lobe
433.1	Stenosis, carotid artery, without cerebral infarction
436	Stroke (CVA)
330.1	Tay-Sachs disease
333.1	Tremor, benign essential

Diseases of the Circulatory System

413.9	Angina pectoris
424.1	Aortic valve disorder
440.9	Atherosclerosis
414.0	Atherosclerotic heart disease
426.10	Block, atrioventricular
426.3	Block, left bundle branch
426.4	Block, right bundle branch
427.5	Cardiac arrest
425.5	Cardiomyopathy, alcoholic
425.4	Cardiomyopathy, idiopathic
416.9	Chronic pulmonary heart disease
427.9	Dysrhythmia, cardiac, unspecified
415.1	Embolism, pulmonary
421.9	Endocarditis, bacterial
428.0	Failure, congestive heart

427.31	Fibrillation, atrial
427.41	Fibrillation, ventricular
427.32	Flutter, atrial
427.42	Flutter, ventricular
455.6	Hemorrhoids
401.9	Hypertension, essential
402.91	Hypertensive heart disease with congestive heart failure
402.90	Hypertensive heart disease without congestive heart failure
403.91	Hypertensive renal disease with failure
403.90	Hypertensive renal disease without failure
458.0	Hypotension, orthostatic
410.90	Infarction, myocardial, acute
424.0	Mitral valve insufficiency (nonrheumatic)
424.0	Mitral valve prolapse
394.0	Mitral valve stenosis (rheumatic)
423.9	Pericarditis
443.9	Peripheral vascular disease
451.9	Phlebitis/thrombophlebitis
446.0	Polyarteritis nodosa
427.60	Premature beats
424.3	Pulmonary valve disease (nonrheumatic)
397.1	Pulmonary valve disease, rheumatic
427.0	Tachycardia, paroxysmal supraventricular
427.2	Tachycardia, paroxysmal, unspecified
427.1	Tachycardia, ventricular (paroxysmal)
424.2	Tricuspid valve disease (nonrheumatic)
397.0	Tricuspid valve disease, rheumatic
456.0	Varices, esophageal, with bleeding
456.1	Varices, esophageal, without bleeding
454.9	Varicose veins, lower extremities

Diseases of the Respiratory System

513.0	Abscess of lung
518.0	Atelectasis
493.20	Asthma, chronic obstructive
493.90	Asthma, unspecified
494	Bronchiectasis
466.0	Bronchitis, acute
491.21	Bronchitis, obstructive chronic (COPD), with acute exacerbation
491.20	Bronchitis, obstructive chronic (COPD), without acute exacerbation
277.00	Cystic fibrosis
511.9	Effusion, pleural
492.8	Emphysema
518.81	Failure, respiratory
505	Pneumoconiosis
860.4	Pneumothorax, traumatic
483.0	Pneumonia, mycoplasma

ICD-9-CM Codes for Selected General Medical Conditions

482.9	Pneumonia, unspecified bacterial
481	Pneumonia, pneumococcal
136.3	Pneumonia, pneumocystis
482.30	Pneumonia, streptococcus
486	Pneumonia, unspecified organism
480.9	Pneumonia, viral
512.8	Pneumothorax, spontaneous
860.0	Pneumothorax, traumatic
011.9	Tuberculosis, pulmonary

Neoplasms

ICD-9-CM diagnostic codes for neoplasms are classified in the table of neoplasms in the ICD-9-CM Alphabetic Index (Volume 2) according to site and degree of malignancy (primary, secondary, in situ, benign, uncertain, unspecified). **Note:** For patients with a personal history of malignant neoplasms that have been surgically removed or eradicated by chemotherapy or radiation therapy, codes V10.0-V10.9 should be used; for specific sites, refer to the Alphabetic Index (Volume 2) of ICD-9-CM under "History (personal) of, malignant neoplasm."

Listed below are some of the most common codes assigned for neoplasms.

228.02	Hemangioma of brain
201.90	Hodgkin's disease
176.9	Kaposi's sarcoma
208.01	Leukemia, acute, in remission
208.00	Leukemia, acute
208.11	Leukemia, chronic, in remission
208.10	Leukemia, chronic
200.10	Lymphosarcoma
225.2	Meningioma (cerebral)
203.01	Multiple myeloma, in remission
203.00	Multiple myeloma
225.0	Neoplasm, benign, of brain
211.4	Neoplasm, benign, of colon
195.2	Neoplasm, malignant, abdominal cavity, primary
194.0	Neoplasm, malignant, adrenal gland, primary
188.9	Neoplasm, malignant, bladder, primary
170.9	Neoplasm, malignant, bone, primary
198.5	Neoplasm, malignant, bone, secondary
191.9	Neoplasm, malignant, brain, primary
198.3	Neoplasm, malignant, brain, secondary
174.9	Neoplasm, malignant, breast, female, primary
175.9	Neoplasm, malignant, breast, male, primary
162.9	Neoplasm, malignant, bronchus, primary
180.9	Neoplasm, malignant, cervix, primary
153.9	Neoplasm, malignant, colon, primary
197.5	Neoplasm, malignant, colon, secondary
171.9	Neoplasm, malignant, connective tissue, primary
150.9	Neoplasm, malignant, esophagus, primary

152.9	Neoplasm, malignant, intestine, small, primary
189.0	Neoplasm, malignant, kidney, primary
155.0	Neoplasm, malignant, liver, primary
197.7	Neoplasm, malignant, liver, secondary
162.9	Neoplasm, malignant, lung, primary
197.0	Neoplasm, malignant, lung, secondary
196.9	Neoplasm, malignant, lymph nodes, secondary
172.9	Neoplasm, malignant, melanoma, primary
183.0	Neoplasm, malignant, ovary, primary
157.9	Neoplasm, malignant, pancreas, primary
185	Neoplasm, malignant, prostate, primary
154.1	Neoplasm, malignant, rectum, primary
173.9	Neoplasm, malignant, skin, primary
151.9	Neoplasm, malignant, stomach, site unspecified, primary
186.9	Neoplasm, malignant, testis, primary
193	Neoplasm, malignant, thyroid, primary
179	Neoplasm, malignant, uterus, primary
237.70	Neurofibromatosis
227.0	Pheochromocytoma, benign
194.0	Pheochromocytoma, malignant
238.4	Polycythemia vera

Endocrine Diseases

253.0	Acromegaly
255.2	Adrenogenital disorder
259.2	Carcinoid syndrome
255.4	Corticoadrenal insufficiency
255.0	Cushing's syndrome
253.5	Diabetes insipidus
250.00	Diabetes mellitus, type II/non-insulin-dependent
250.01	Diabetes mellitus, type I/insulin-dependent
253.2	Dwarfism, pituitary
241.9	Goiter, nontoxic nodular
240.9	Goiter, simple
255.1	Hyperaldosteronism
252.0	Hyperparathyroidism
252.1	Hypoparathyroidism
244.9	Hypothyroidism, acquired
243	Hypothyroidism, congenital
256.9	Ovarian dysfunction
253.2	Panhypopituitarism
259.0	Sexual development and puberty, delayed
259.1	Sexual development and puberty, precocious
257.9	Testicular dysfunction
245.9	Thyroiditis
242.9	Thyrotoxicosis

Nutritional Diseases

265.0	Beriberi
269.3	Calcium deficiency
266.2	Folic acid deficiency
269.3	Iodine deficiency
260	Kwashiorkor
262	Malnutrition, protein-caloric, severe
261	Nutritional marasmus
278.0	Obesity
265.2	Pellagra (niacin deficiency)
266.0	Riboflavin deficiency
264.9	Vitamin A deficiency
266.1	Vitamin B ₆ deficiency
266.2	Vitamin B ₁₂ deficiency
267	Vitamin C deficiency
268.9	Vitamin D deficiency
269.1	Vitamin E deficiency
269.0	Vitamin K deficiency

Metabolic Diseases

276.2	Acidosis
276.3	Alkalosis
277.3	Amyloidosis
276.5	Depletion, volume (dehydration)
271.3	Disaccharide malabsorption (lactose intolerance)
276.9	Electrolyte imbalance
276.6	Fluid overload/retention
274.9	Gout
275.0	Hemochromatosis
275.4	Hypercalcemia
276.7	Hyperkalemia
276.0	Hypernatremia
275.4	Hypocalcemia
276.8	Hypokalemia
276.1	Hyponatremia
270.1	Phenylketonuria (PKU)
277.1	Porphyria
277.2	Lesch-Nyhan syndrome
275.1	Wilson's disease

Diseases of the Digestive System

540.9	Appendicitis, acute
578.9	Bleeding, gastrointestinal
575.0	Cholecystitis, acute
575.1	Cholecystitis, chronic
571.2	Cirrhosis, alcoholic

556	Colitis, ulcerative
564.0	Constipation
555.9	Crohn's disease
009.2	Diarrhea, infectious
558.9	Diarrhea, unspecified
562.10	Diverticulitis of colon, unspecified
562.12	Diverticulitis of colon, with hemorrhage
562.11	Diverticulosis of colon, unspecified
562.13	Diverticulosis of colon, with hemorrhage
535.50	Duodenitis and gastritis
555.9	Enteritis, regional
535.50	Gastritis and duodenitis
558.9	Gastroenteritis
530.1	Esophagitis
571.1	Hepatitis, alcoholic, acute
571.40	Hepatitis, chronic
573.3	Hepatitis, toxic (includes drug induced)
070.1	Hepatitis, viral A
070.30	Hepatitis, viral B
070.51	Hepatitis, viral C
560.39	Impaction, fecal
550.90	Inguinal hernia
564.1	Irritable bowel syndrome
576.2	Obstruction, bile duct
560.9	Obstruction, intestinal
577.0	Pancreatitis, acute
577.1	Pancreatitis, chronic
567.9	Peritonitis
530.1	Reflux, esophageal
530.4	Rupture, esophageal
530.3	Stricture, esophageal
532.30	Ulcer, duodenal, acute
532.70	Ulcer, duodenal, chronic
531.30	Ulcer, gastric, acute
531.70	Ulcer, gastric, chronic

Genitourinary System Diseases

596.4	Atonic bladder
592.0	Calculus, renal
592.1	Calculus, ureter
592.9	Calculus, urinary, unspecified
595.9	Cystitis
625.3	Dysmenorrhea
617.9	Endometriosis
584.9	Failure, renal, acute
585	Failure, renal, chronic
403.91	Failure, renal, hypertensive

ICD-9-CM Codes for Selected General Medical Conditions

586	Failure, renal, unspecified
218.9	Fibroid of uterus
580.9	Glomerulonephritis, acute
600	Hypertrophy, prostatic, benign (BPH)
628.9	Infertility, female
606.9	Infertility, male
627.9	Menopausal or postmenopausal disorder
626.9	Menstruation, disorder of, and abnormal bleeding
625.2	Mittelschmerz
620.2	Ovarian cyst
614.9	Pelvic inflammatory disease (PID)
607.3	Priapism
618.9	Prolapse, genital
601.9	Prostatitis
593.3	Stricture, ureteral
598.9	Stricture, urethral
599.0	Urinary tract infection (UTI)

Hematological Diseases

288.0	Agranulocytosis
287.0	Allergic purpura
284.9	Anemia, aplastic
281.2	Anemia, folate-deficiency
283.9	Anemia, hemolytic, acquired
283.11	Anemia, hemolytic-uremic syndrome
280.9	Anemia, iron-deficiency
283.10	Anemia, nonautoimmune hemolytic, unspecified
283.19	Anemia, other autoimmune hemolytic
281.0	Anemia, pernicious
282.60	Anemia, sickle-cell
286.9	Coagulation defects
288.3	Eosinophilia
282.4	Thalassemia
287.5	Thrombocytopenia

Diseases of the Eye

366.9	Cataract
372.9	Conjunctiva disorder
361.9	Detachment, retinal
365.9	Glaucoma
377.30	Neuritis, optic
379.50	Nystagmus
377.00	Papilledema
369.9	Visual loss

Diseases of the Ear, Nose, and Throat

460	Common cold
389.9	Hearing loss
464.0	Laryngitis, acute
386.00	Ménière's disease
382.9	Otitis media
462	Pharyngitis, acute
477.9	Rhinitis, allergic
461.9	Sinusitis, acute
473.9	Sinusitis, chronic
388.30	Tinnitus, unspecified
463	Tonsillitis, acute

Musculoskeletal System and Connective Tissue Diseases

716.20	Arthritis, allergic
711.90	Arthritis, infective
714.0	Arthritis, rheumatoid
733.40	Aseptic necrosis of bone
710.3	Dermatomyositis
722.91	Disc disorder, intervertebral, cervical
722.93	Disc disorder, intervertebral, lumbar
722.92	Disc disorder, intervertebral, thoracic
733.10	Fracture, pathological
715.90	Osteoarthritis (osteoarthritis)
730.20	Osteomyelitis
733.00	Osteoporosis
710.1	Scleroderma (systemic sclerosis)
737.30	Scoliosis
710.2	Sjögren's disease
720.0	Spondylitis, ankylosing
710.0	Systemic lupus erythematosus

Diseases of the Skin

704.00	Alopecia
692.9	Dermatitis, contact
693.0	Dermatitis, due to substance (taken internally)
682.9	Cellulitis, unspecified site
695.1	Erythema multiforme
703.0	Ingrowing nail
701.4	Keloid scar
696.1	Psoriasis
707.0	Ulcer, decubitus
708.0	Urticaria, allergic

***Congenital Malformations, Deformations,
and Chromosomal Abnormalities***

749.10	Cleft lip
749.00	Cleft palate
758.3	Cri-du-chat syndrome (antimongolism)
758.0	Down's syndrome
760.71	Fetal alcohol syndrome
751.3	Hirschsprung's disease (congenital colon dysfunction)
742.3	Hydrocephalus, congenital
752.7	Indeterminate sex and pseudohermaphroditism
758.7	Klinefelter's syndrome
759.82	Marfan's syndrome
742.1	Microcephalus
741.90	Spina bifida
750.5	Stenosis, congenital hypertrophic pyloric
760.71	Toxic effects of alcohol
760.75	Toxic effects of cocaine
760.73	Toxic effects of hallucinogens
760.72	Toxic effects of narcotics
760.70	Toxic effects of other substances (including medications)
759.5	Tuberous sclerosis
758.6	Turner's syndrome
752.5	Undescended testicle

Diseases of Pregnancy, Childbirth, and the Puerperium

Diagnoses associated with pregnancies can be located in the Alphabetic Index (Volume 2) of ICD-9-CM indented under "Pregnancy, complicated (by)," or "Pregnancy, management affected by." Listed below are some of the most common conditions.

642.00	Eclampsia
643.0	Hyperemesis gravidarum, mild
643.0	Hyperemesis gravidarum, with metabolic disturbance
642.0	Pre-eclampsia, mild
642.0	Pre-eclampsia, severe

HIV Infection

Common disorders associated with human immunodeficiency virus (HIV) infection are indexed under "Human immunodeficiency virus" in the Alphabetic Index (Volume 2) of ICD-9-CM.

HIV is classified into three categories depending on the progression of the disease, as follows:

042	HIV infection associated with specified conditions
043	HIV infection causing other specified conditions
044	Other HIV infections

Each category is further subdivided into fourth-digit subclassification for greater specificity. It is customary to report one diagnostic code for the HIV disease and one

code for the manifestation. Due to the complexity of the coding of HIV disease, direct reference to the Alphabetic Index (Volume 2) of ICD-9-CM is recommended.

042.0	AIDS with specified infections
042.1	AIDS with other specified infections
042.2	AIDS with specified malignant neoplasms
042.9	AIDS, unspecified
043.0	AIDS-related complex (ARC) causing lymphadenopathy
043.1	HIV infection affecting central nervous system
043.2	ARC causing other disorders involving the immune mechanism
043.3	ARC causing other specific conditions
043.9	ARC, unspecified
044.0	HIV infection causing specified acute infections
044.9	HIV infections, unspecified

Infectious Diseases

The following codes represent ICD-9-CM diagnostic codes for infections from specific organisms. Traditionally, codes for organisms from the 041 category are used as secondary codes (e.g., urinary tract infection due to *Escherichia coli* would be coded as 599.0 [primary diagnosis] and 041.4 [secondary diagnosis]).

006.9	Amebiasis
112.5	Candidiasis, disseminated
112.4	Candidiasis, lung
112.0	Candidiasis, mouth
112.2	Candidiasis, other urogenital sites
112.3	Candidiasis, skin and nails
112.9	Candidiasis, unspecified site
112.1	Candidiasis, vulva and vagina
099.41	<i>Chlamydia trachomatis</i>
001.9	Cholera
041.83	<i>Clostridium perfringens</i>
114.9	Coccidioidomycosis
078.1	<i>Condyloma acuminatum</i> (viral warts)
079.2	Coxsackie virus
117.5	Cryptococcosis
041.4	<i>Escherichia coli</i> (<i>E. coli</i>)
007.1	Giardiasis
098.2	Gonorrhea
041.5	<i>Hemophilus influenzae</i> (<i>H. influenzae</i>)
070.1	Hepatitis, viral A
070.3	Hepatitis, viral B
070.51	Hepatitis, viral C
054.9	Herpes simplex
053.9	Herpes zoster
115.9	Histoplasmosis
036.9	Infection, meningococcal
079.99	Infection, viral, unspecified
487.1	Influenza, unspecified

ICD-9-CM Codes for Selected General Medical Conditions

487.0	Influenza, with pneumonia
041.3	<i>Klebsiella pneumoniae</i>
088.81	Lyme disease
084.6	Malaria
075	Mononucleosis
072.9	Mumps
041.81	<i>Mycoplasma</i>
041.2	<i>Pneumococcus</i>
041.6	<i>Proteus</i>
041.7	<i>Pseudomonas</i>
071	Rabies
056.9	Rubella
003.9	Salmonella
135	Sarcoidosis
004.9	Shigellosis
041.10	<i>Staphylococcus</i>
041.00	<i>Streptococcus</i>
097.9	Syphilis
082.9	Tick-borne rickettsiosis
130.9	Toxoplasmosis
124	Trichinosis
131.9	Trichomoniasis
002.0	Typhoid fever
081.9	Typhus

Overdose

Additional diagnostic codes for overdose/poisoning can be located in the Alphabetic Index (Volume 2) of ICD-9-CM in the table of drugs and chemicals, listed alphabetically by drug in the "Poisoning" column.

965.4	Acetaminophen
962.0	Adrenal cortical steroids
972.4	Amyl/butyl/nitrite
962.1	Androgens and anabolic steroids
971.1	Anticholinergics
969.0	Antidepressants
967.0	Barbiturates
969.4	Benzodiazepine-based tranquilizers
969.2	Butyrophenone-based tranquilizers
967.1	Chloral hydrate
968.5	Cocaine
967.5	Glutethimide
969.6	Hallucinogens/cannabis
962.3	Insulin and antidiabetic agents
967.4	Methaqualone
968.2	Nitrous oxide
970.1	Opioid antagonists
965.00	Opioids

967.2	Paraldehyde
968.3	Phencyclidine
969.1	Phenothiazine-based tranquilizers
965.1	Salicylates
970.9	Stimulants
962.7	Thyroid and thyroid derivatives

Additional Codes for Medication-Induced Disorders

The following are the ICD-9-CM codes for selected medications that may cause Substance-Induced Disorders. They are made available for optional use by clinicians in situations in which these medications, prescribed at therapeutic dose levels, have resulted in one of the following: Substance-Induced Delirium, Substance-Induced Persisting Dementia, Substance-Induced Persisting Amnesic Disorder, Substance-Induced Psychotic Disorder, Substance-Induced Mood Disorder, Substance-Induced Anxiety Disorder, Substance-Induced Sexual Dysfunction, Substance-Induced Sleep Disorder, and Medication-Induced Movement Disorders. When used in multiaxial evaluation, the E-codes should be coded on Axis I immediately following the related disorder. It should be noted that these E-codes do not apply to poisonings or to a medication taken as an overdose.

Example: 292.39 Substance-Induced Mood Disorder, With Depressive Features
E932.2 Oral contraceptives

Analgesics and Antipyretics

E935.4	Acetaminophen/phenacetin
E935.1	Methadone
E935.6	Nonsteroidal anti-inflammatory agents
E935.2	Other narcotics (e.g., codeine, meperidine)
E935.3	Salicylates (e.g., aspirin)

Anticonvulsants

E936.3	Carbamazepine
E936.2	Ethosuximide
E937.0	Phenobarbital
E936.1	Phenytoin
E936.3	Valproic acid

Antiparkinsonian Medications

E936.4	Amantadine
E941.1	Benzotropine
E933.0	Diphenhydramine
E936.4	L-Dopa

Additional Codes for Medication-Induced Disorders

Neuroleptic Medications

- E939.2 Butyrophenone-based neuroleptics (e.g., haloperidol)
- E939.3 Other neuroleptics (e.g., thiothixene)
- E939.1 Phenothiazine-based neuroleptics (e.g., chlorpromazine)

Sedatives, Hypnotics, and Anxiolytics

- E937.0 Barbiturates
- E939.4 Benzodiazepine-based medications
- E937.1 Chloral hydrate
- E939.5 Hydroxyzine
- E937.2 Paraldehyde

Other Psychotropic Medications

- E939.0 Antidepressants
- E939.6 Cannabis
- E940.1 Opioid antagonists
- E939.7 Stimulants (excluding central appetite depressants)

Cardiovascular Medications

- E942.0 Antiarrhythmic medication (includes propranolol)
- E942.2 Antilipemic and cholesterol-lowering medication
- E942.1 Cardiac glycosides (e.g., digitalis)
- E942.4 Coronary vasodilators (e.g., nitrates)
- E942.3 Ganglion-blocking agents (pentamethonium)
- E942.6 Other antihypertensive agents (e.g., clonidine, guanethidine, reserpine)
- E942.5 Other vasodilators (e.g., hydralazine)

Primarily Systemic Agents

- E933.0 Antiallergic and antiemetic agents (excluding phenothiazines, hydroxyzine)
- E941.1 Anticholinergics (e.g., atropine) and spasmolytics
- E934.2 Anticoagulants
- E933.1 Antineoplastic and immunosuppressive drugs
- E941.0 Cholinergics (parasympathomimetics)
- E941.2 Sympathomimetics (adrenergics)
- E933.5 Vitamins (excluding vitamin K)

Medications Acting on Muscles and the Respiratory System

- E945.7 Antiasthmatics (aminophylline)
- E945.4 Antitussives (e.g., dextromethorphan)
- E945.8 Other respiratory drugs
- E945.0 Oxytocic agents (ergot alkaloids, prostaglandins)

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- E945.2 Skeletal muscle relaxants
 - E945.1 Smooth muscle relaxants (metaproterenol)

Hormones and Synthetic Substitutes

- E932.0 Adrenal cortical steroids
- E932.1 Anabolic steroids and androgens
- E932.8 Antithyroid agents
- E932.2 Ovarian hormones (includes oral contraceptives)
- E932.7 Thyroid replacements

Diuretics and Mineral and Uric Acid Metabolism Drugs

- E944.2 Carbonic acid anhydrase inhibitors
- E944.3 Chlorthiazides
- E944.0 Mercurial diuretics
- E944.4 Other diuretics (furosemide, ethacrynic acid)
- E944.1 Purine derivative diuretics
- E944.7 Uric acid metabolism drugs (probenecid)